YAVAPAI COUNTY

Collocated Re-Entry and Screening & Evaluation Facility

Program Validation

January 2020

FALCON™

TABLE OF CONTENTS

Cover Letter

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January 17, 2020

Yavapai County
1015 Fair Street
Prescott, AZ 86305

Re: Yavapai County Collocated Facility Program Validation

Dear Mr. Shoults,

I write on behalf of the Falcon team of experts engaged to assess and validate Yavapai's proposed collocated facility as it relates to populations, service delivery, and space program. Falcon was also asked to provide additional recommendations that could help to improve the behavioral health and justice system based on our findings and expertise.

Falcon Senior Expert, Dr. Robin Timme, Psy.D., ABPP has taken the lead for Falcon in meeting with county officials, personnel, community stakeholders and resident groups, as well as studying and analyzing County data and Kitchell's initial concept. Falcon has conducted a focused review of 1) jail data and population trends, 2) utilization rates for Title 36 clients, 3) functional space and patient flow, 4) staffing considerations, 5) secondary beneficiaries, and 6) expectations for licensure, administrative oversight, and expansion. Falcon and the working groups also have addressed the concerns identified in the 2018 Town Hall Report issued by Yavapai County Attorney Sheila Polk regarding Title 36 processes.

Finally, in considering Yavapai's plans for collocating its Community Connections Center and Title 36 Screening and Evaluation Center, Dr. Timme also drew upon valuable guidance from Falcon's internal experts deployed across the country and engaged in similar efforts, including a national medical expert, a data analyst, and Justice Architecture planner specializing in behavioral health. Falcon's Report for the Yavapai County Collocated Re-Entry and Screening & Evaluation Facility, is enclosed, and it includes our conclusions and 11 additional recommendations for your consideration.

Thank you for the opportunity to assist Yavapai County with your nation-leading efforts to transform your justice system. Falcon would like to continue to work with you and would be very pleased to participate in discussions as you develop next steps. Please feel free to contact me or Dr. Timme if you would like more information about the enclosed Report.

Sincerely,

Elizabeth Falcon

Elizabeth Falcon
Psy.D., CCHP-MH, MBA

Executive Summary

Across the country, jails have been forced to meet the needs of an evolving population, including astronomical rates of psychological trauma, mental illness, and addiction. Recent research has recognized the inextricable relationship between public health and public safety, and the need to address the clinical and criminogenic risk of the detained and re-entering population within systems and facilities that were simply not designed for this rehabilitative and treatment ideal.

Despite the proactive efforts of the Yavapai County Sheriff's Office's (YCSO), physical plant characteristics of the Gurley Street Jail and the geographical distance to the Camp Verde facility for booking and release operations have resulted in systemic inefficiencies. Yavapai is not alone; across the country justice systems are struggling to find resource-conscious solutions that improve local systems of care, to create opportunities for recovery and desistence from crime, and which more efficiently manage taxpayer dollars.

While planning for a new, adult criminal justice center, Sheriff Scott Mascher elicited the ideas of concerned citizens and stakeholders who had been impacted by local behavioral health and incarceration trends. Empirical studies[1] followed, validating the expressed experiences of its community members. County leaders rapidly applied study recommendations, and the YCSO saw swift declines in jail bookings. Successful pre-arrest stabilization and diversion activities deepened the need for partnerships between county government and social service providers. A strong justice and mental health coalition was created and Yavapai County leveraged its local community relationships to continue these progressive efforts.

Understanding that individuals entering its jail facilities are often not engaged in needed services in the community, and in addition to police contact, they are super-utilizers of its Emergency Medical Services (EMS) and hospital emergency departments. Yavapai County's development of the Reach Out Program responded to this recognized need, and has connected inmates with social services based on criminogenic risk and clinical needs. Motivated for further system improvements, Yavapai County began exploring ways to remedy treatment accessibility challenges for individuals in behavioral health crises, inspiring the design of a sub-acute stabilization center – the Social Services, Screening and Evaluation Facility.[2] Dovetailing with the social service needs of individuals discharged from either psychiatric or correctional settings, Yavapai County introduced plans to collocate a re-entry resource center - the Community Connections Center.[3]

As Yavapai County surveyed physical space options, they recognized the local Crisis Stabilization Unit (CSU) as a launching pad for their proposed collocated center. The county's interdisciplinary leadership team obtained the blueprints of the CSU, and Kitchell developed a preliminary validation based on the physical space to be used as a starting point for further programming and design development.

[1] Chinn Planning and DLR Group Jail Planning Services conducted a study of jail operations, facility conditions, and staffing practices; Wexford Health Sources and YCSO's collaborative study resulted in predictive findings of individual recidivism.
[2] Facility name serving as a placeholder until formal name dedication.
[3] Facility name serving as a placeholder until formal name dedication.

Finally, Yavapai retained Falcon Correctional and Community Services, Inc. to study their behavioral health and justice system needs and provide guidance on the build, design, and functions of the collocated re-entry and screening and evaluation center. Falcon experts interviewed stakeholders and reviewed extensive data sets to achieve population and spatial flow projections.

During Falcon's study period, the County, the Sheriff's Office and the Yavapai Justice and Mental Health Coalition emerged as an impressive jurisdictional network of innovators. Years of integrating the works of diverse experts along this project's lifecycle illustrates Yavapai's commitment to evidence-based programming and design methods, and its mission to construct a facility that efficiently meets the needs of its community. Additionally, the data-driven model of decision-making employed in these studies will lead to optimal outcomes for the citizens of Yavapai County, including those in behavioral health crises, as well as concerned taxpayers.

Highlights of Falcon's Significant Findings

Results of Falcon's investigations revealed the following significant findings:

- ✓ The collocated facility should serve the identified populations including those in a mental health crisis and potentially eligible for involuntary pre-arrest evaluation and treatment, deflecting this population from the criminal justice system altogether, as well as citizens of Yavapai County who are being released and returning to the community;
- ✓ A 12-bed inpatient psychiatric unit will allow for a collocated treatment facility for individuals who may otherwise enter the justice system;
- ✓ An outpatient re-entry center will provide a physical location for the highly-motivated community agencies to meet releasing citizens where they are, conduct on-site intakes, assessments, and other case management services;
- ✓ When spaces are appropriately reconfigured to meet the specific needs of the population, the size of the area is adequate.

As requested by the County, Falcon experts provided several additional recommendations to improve on existing impressive efforts, and to enhance the quality and experience of treatment for people struggling with behavioral health crises, and who will be returning home to their community.

Assessment and Methodology

The Falcon Method to Data Analysis. Falcon partners with government leaders to bring progressive solutions to the field, ensuring organizational services reach their potential in a cost-effective manner. Falcon bases its analyses and recommendations in evidenced-based approaches, as well as Falcon's knowledge of achievable and sustainable correctional and community behavioral health practices. The collective knowledge and know-how of Falcon's experts under one roof is not only impressive but serves to create a sizeable, in-house data and skill-set warehouse. As such, additional Falcon experts were used on this project, including a national medical expert, a data analyst, and a Justice Architecture (JA) planner specializing in behavioral health, to endorse data analyses. This report summarizes key analytics performed by these experts to validate the architectural space program.

Assessment Process. Falcon Experts met with project leadership and community stakeholders from Monday, December 2, 2019 through Thursday, December 5, 2019.

CORE WORKING GROUP

Ron Ecker
Project Director
Kitchell

Jack Fields
Assistant County Administrator

Brian Hunt
Captain
Yavapai County Sheriff's Office

Rich Martin
Captain
Yavapai County Sheriff's Office

Jeff Newnum
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David Rhodes
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Brandon Shoults
Assistant Director
Yavapai County Facilities Department

Beya Thayer
Executive Director
Yavapai Justice and Mental Health Coalition

Kenny Van Keuren
Director
Yavapai County Facilities Department

Falcon Experts met with the Core Working Group repeatedly throughout the week's onsite activities. Background information regarding the project, data collection needs, and visioning discussions including intended facility operations and populations were processed with this core team. This team remained highly involved in all working groups and facility tours. Experts also met with custody stakeholders (law enforcement, Court, and Reach Out professionals) to examine care coordination between entities, as well as to gain perspectives on the current and proposed activities surrounding Title 36. Law enforcement officers discussed resource-depleting and stress-inducing transfer of custody processes which operate under the current Title 36 system. Additionally, Falcon Experts participated in the Mental Health Coalition Meeting to support the visioning session related to the collocated facility.

Facility tours were conducted to assess on-the-ground workflows and glean perspectives on facilities' operational and architectural strengths and limitations at Camp Verde Detention Center, Gurley Street Jail, Pronghorn Psychiatric, and West Yavapai Guidance Clinic Crisis Stabilization Unit. Falcon Experts also visited the proposed site of the Criminal Justice Center and Collocated Re-Entry and Screening and Evaluation Facility.

After the conclusion of onsite activities, a project status call was held on December 19, 2019 to review preliminary impressions and develop additional tasks and deadlines. On January 3, 2020 and January 10, 2020, conference calls were held with a licensing expert from Health Choice Arizona to discuss licensing considerations for operating the collocated facility.

[See Appendix B for a complete list of Agency Representation in meetings through project development.]

Yavapai County Sheriff's Office – Jail Data and Population

In addition to Yavapai's multifaceted improvements mentioned above, since 2015 Yavapai County and the YCSO have implemented further criminal justice reform activities. Collaborative ventures include the:

- ✓ commissioning of Chinn Planning and DLR Group for Jail Planning Services
- ✓ development and implementation of the Sequential Intercept Model (SIM)
- ✓ launching of Mobile Crisis Teams and the Crisis Stabilization Unit (CSU)
- ✓ implementation of Mental Health First Aid and Crisis Intervention Team training for law enforcement officers
- ✓ rollout of the Reach Out Initiative, and the
- ✓ County Board of Supervisors' Proclamation.[4]

Proclamation

Stepping Up to Reduce the Number of People with Mental Illnesses in Jails

WHEREAS, counties routinely provide treatment services to the estimated 2 million people with serious mental illnesses booked into jail each year;

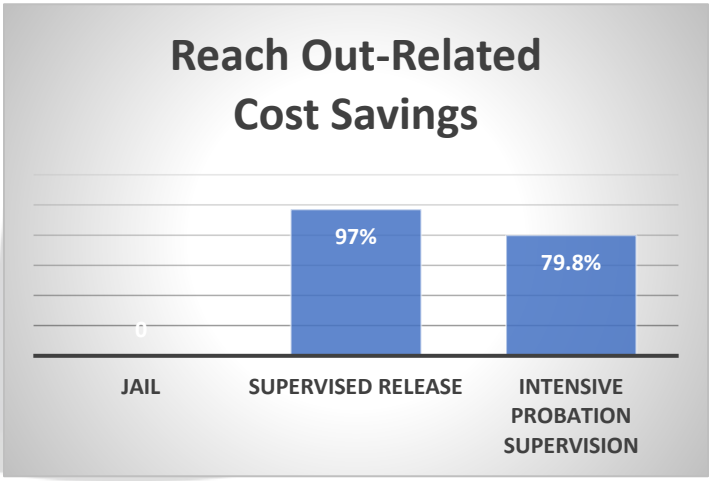
These bold, data-driven reforms by the County, YCSO, and local stakeholder groups are affecting innovative solutions to better address the needs of citizens with mental illness, substance use disorders, and other social and economic vulnerabilities.

Stepping Up. Positioning itself at the forefront of best practice and cost-cutting innovations, Yavapai County studied systemic contributors to the over-representation of persons with mental illness or in behavioral health crises detained in the nation's jails. Applying the Stepping Up Initiative[5] as its guiding framework, Yavapai enacted data- and systems-driven reforms by engaging and uniting its already committed network of community stakeholders.

The deliberate and cooperative actions of these contributors resulted in an increase of pre-arrest deflections to treatment facilities, as well as funding for a jail-based diversion program providing social services to incarcerated and returning citizens. Innovating further, the YCSO, in concert with Wexford Health Sources, created a mental health treatment and stabilization program inside the Camp Verde Jail, along with an in-house Restoration to Competency (RTC) program.

[4] Smith, J. Stepping Up to Reduce the Number of People with Mental Illnesses in Jails. Board of Supervisors Proclamation. June 1, 2016. Yavapai County, AZ.
[5] A national initiative, in collaboration with the National Association of Counties, the Council of State Governments Justice Center, the American Psychiatric Foundation, and U.S. Justice Department Bureau of Justice Assistance, aimed at reducing the amount of mentally ill persons in jails, imploring various county and statewide legislature, resource allocation, law enforcement, Courts, behavioral health, advocate, and consumer efforts.

Synchronizing efforts with the public defender's office, the YCSO strengthened its post-arrest diversion alternatives, along with a broad menu of wraparound services.



Reach Out Initiative. A collaborative product of Yavapai County's broader Stepping Up Initiatives, the YCSO's Reach Out Program has created an effective transition process that is equipping disadvantaged, incarcerated persons with convenient access to the medical, mental health, social, housing, vocational, transportation, and financial/benefit services necessary to support community reintegration. Additionally, Reach Out results in substantial cost-savings to the County by providing treatment in the community in lieu of incarcerating individuals in the jail. For example, the cost to house an inmate in the jail is approximately $100 per day, versus the cost of $2.92 per day for a standard case on supervised release, and $20.15 per day for Intensive Probation Supervision[6].

A vast majority (90.2%) of all persons booked into the jail are interacting with (or commonly described as being "touched" by) Reach Out Release Coordinators. Initial contact with a Reach Out Coordinator involves offering a voluntary Reach Out screening as early in the booking process as possible. The 9.8% not touched by Reach Out consist of "summons only" bookings, persons booked and released from the Gurley Street Jail prior to being transported to Camp Verde. Those not screened also include persons who decline the service, or who are too combative or intoxicated at booking to engage with a Reach Out Coordinator.[7]

Compared to available data in 2018, the first two quarters in 2019 showed an increase in the number of persons declining to participate in Reach Out assessments. The 3rd quarter of 2019[8],however, showed a reduction in that number. Of the 90.2% of inmates touched by Reach Out, the data shows, between 29% and 49% of inmates will decline the screening.[9] Although the rate at which inmates are declining assessments is fluctuating, Falcon presumes that Reach Out will see reductions in decline rates because a) re-entry services are succeeding across the nation and within Yavapai County, as evidenced by lower recidivism rates[10] and reductions in jail bookings, Average Daily Population (ADP), and the total number of inmate days in the jail[11]; b) given Yavapai's current success, it is likely that courts will be mandating re-entry services as part of conditions of pre-trial release; and c) strong stakeholder buy-in exists and appears to be intensifying, further facilitating acceptance and expansion of services. It is presumed that as

[6] March 2016 Chinn study citing Yavapai County Probation Department.
[7] Supplied by YCSO Administration via electronic email. December 2019.
[8] Data was merged for Declined and Missing assessments in the 2019 3rd Quarter Statistics; given the decline of Missing assessments to near immaterial percentages, this merge is not expected to greatly impact calculations.
[9] Reach Out Statistics PowerPoint; study period March 19-December 31, 2018 through the 2019 3rd Quarter.
[10] Reach Out participants averaging recidivism rate of 16% compared to Arizona Department of Corrections 28% - as measured by the most recent data from Pew Charitable Trust, 2004.
[11] Efrein, M. (2019, November 10). Reach Out Program Helping Offenders Not Go Back to Jail. *The Daily Courier.*

services become more impactful, inmates will be readily and willing to participate in Reach Out screenings.

Of those assenting to the screening, about 55% identify one or more criminogenic risk factor.[12] The most frequently reported risk factors include: mental health issues, unemployment, substance abuse, adverse childhood experiences, lacking adequate means of transportation, and homelessness. Reach Out will summarize this information from an inmate's screening and provide it to the Court for consideration at the discretion of the presiding judge. Collaborative court programs within the county appear deeply committed to the facilitation of the rehabilitation process and Reach Out's targeting of criminogenic risk.

While in custody, Reach Out begins to coordinate prerelease planning with participants – some of whom will simultaneously receive mental health and medical care, as well as correctional programming, through jail providers. The YCSO and community stakeholders are motivated to bridge gaps between service and treatment needs, access, and delivery once individuals are released from custody to improve re-entry outcomes. Despite the best of intentions and an impressive screening and referral program that is operating in this system, local community providers complained of the geographic distance between Prescott and the jail in Camp Verde, as well as a lack of office space on site to easily meet with re-entrants.[13]

Jail Mental Health Population. Prior to the Reach Out initiative, it was reported that 52% of its jail population had diagnosed mental health conditions,[14] which, on the surface, remarkably exceeded national averages. This figure, however, was generated by the combination of inmate self-reports and the jail's formal tracking of inmates receiving psychotropic medications and was not exclusively derived from the rate of psychiatric diagnoses by the jail's provider.[15] Even still, available data and anecdotal reporting confirmed a large representation of persons with mental illness in the jail population.

According to the YCSO, since March of 2018 however, the success of Reach Out and other initiatives following the Chinn-DLR studies have reportedly lowered the jail's mental health population significantly. This statement was validated by a study conducted by Northern Arizona University (NAU)[16], which concluded that screening had significantly increased over the one-year study period, and Reach Out Coordinators interacted with 4,867 individuals, referring 1,168 to services during the study period. Furthermore, researchers found a recidivism rate of 16% among Reach Out participants, far lower than the Arizona average of 28%. The study also recognized that the development of Mobile Crisis Response Teams and the opening of the Crisis Stabilization Unit, were directly responsible for pre-arrest diversions of 1,014 individuals experiencing a behavioral health crisis during the one-year study period. In the subsequent years since the

[12] Full list of risk factors potentially revealed through a Reach Out assessment include: mental health, substance abuse, ACE's, physical health concerns, homelessness, lacking transportation, being a Veteran, unemployment, thinking they could benefit from a community coach, and feels children will be adversely impacted by offender's incarceration.
[13] Working group with community behavioral health providers and stakeholders held 12/5/2019
[14] Retrieved from https://cops.usdoj.gov/html/dispatch/02-2019/yavapai_county.html
[15] Clarified by YCSO Administration via electronic communication. January 2020.
[16] Yavapai County Sheriff's Office. (October 25, 2019). *Media release: 'Reach Out' showing effectiveness in reducing recidivism – independent study results released on this innovative program.*

publishing of this independent research, the Reach Out program has increased its capacity and staffing, and generally 'touches' 95% of all admissions to the jail today, far exceeding the promising rate identified by researchers at NAU.

Painting located near Administrative offices in the Camp Verde Jail.

According to the Bureau of Justice Statistics, the prevalence of mental illness in United States jails ranges between 25% and 40% of jail inmates. Of those diagnosed with a mental illness, typically 16-20% are classified as having Serious Mental Illness (SMI), while the majority present with mild to moderate clinical acuity [See Figure 1]. The greater the psychiatric acuity, the more intensive and comprehensive mental health and social service interventions are needed to maintain stability while in the community.

While it appears that the YCSO is not tracking percentages of acute and non-acute mental health inmates within the total inmate population, confidence exists in its ability to capture this information given current data tracking methods. It is recommended that the YCSO explore solutions to capture acuity data more accurately to confidently anticipate utilization within the Community Connections Center going forward.

FIGURE 1: COMPARATIVE DATA OF ACUTE AND NON-ACUTE JAIL MENTAL HEALTH POPULATIONS (% of Mental Health Population)

Mental Health Population	National Trend
Severe and Persistent Mental Illness (Acute)	16-20%
Mild to Moderate (Non-Acute)	40-60%

Figure 1 illustrates the general levels of clinical acuity and Figure 2 illustrates prevalence rates of mental health conditions within the jail mental health population as indicated by the Bureau of Justice Statistics, 2006.

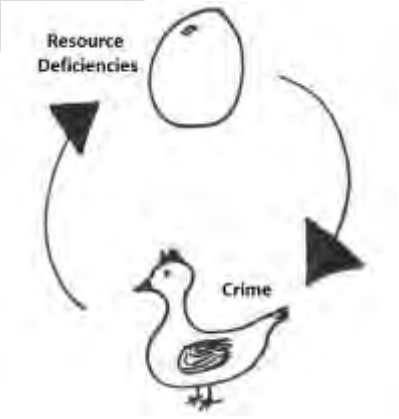
When substance abuse is considered, national statistics indicate that jails may have rates of behavioral health diagnoses as high as 80%, and without consideration of substance use disorders, jails are generally considered to average 25-30% on the low end.[17] According to Reach Out data, 41.8% of participant's self-reported a history of mental health diagnoses and 34.4% self-reported substance abuse histories, tracking national trends.

[17] Bureau of Justice Statistics Special Report – Mental Health Problems of Prison and Jail Inmates. September 2006.

FIGURE 2: COMPARATIVE DATA JAIL MENTAL HEALTH CONDITIONS (% of MH Population)

Mental Health Conditions	National Trends
Co-Occurring Disorders	60-80%
Depression, Bipolar Disorder, Anxiety Disorders (combined)	30-50%
Schizophrenia and Other Psychotic Disorders	15-20%

Yavapai County Community Connections Center: A Best-Practice Re-entry Model



Collective Action; Shared Benefits. Unmistakably, crime and recidivism create numerous problems for a community; yet, one must not overlook the age-old dilemma of causality. The negative impact of incarceration on communities and the negative impact of communities on the re-integration process (i.e. lack of access to resources) are unavoidably woven together and jointly enact a cycle of social and financial injury to the community and its citizens. A community's commitment to providing employment assistance, drug and alcohol treatment, and helping citizens meet their basic needs for food and shelter is critically important [18] for the crime-free living of formerly incarcerated persons. The criminal justice system is taking notice of the dynamic influences between incarceration and communities. Yavapai County is on the cutting-edge of this philosophical re-thinking and is pioneering a whole community approach towards criminal justice deflection, diversion, re-entry, and recidivism declines.

Yavapai has envisioned a central repository of behavioral health and social services. The effectiveness of this one-stop resource center, known as the Community Connections Center, hinges on the involvement of the county's committed group of social service agencies. The cooperation of these dedicated professionals will effectively re-engineer conventional re-entry programming and help to harness the personal power and resiliency of their community's most vulnerable citizens.

Additionally, providers can expect to conduct several intakes or case management sessions per day in the re-entering population, and with services provided outside of the secure perimeter of the jail, insurance and Arizona Health Care Cost Containment Service (AHCCCS [Medicaid dollars]) can reimburse for services.

[18] Morenoff & Harding. Incarceration, Prisoners Reentry, and Communities. (2014). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4231529/

Population Served. While the Yavapai County Jail manages a mixture of pretrial detainees, convicted but unsentenced inmates, and sentenced inmates, its population overwhelmingly consists of pretrial detainees. Yavapai's criminal justice system books and releases inmates rather quickly. For instance, in November of 2019, all but five of the 530 inmates booked into the Detention Division were released by Early Disposition Court.[19] Approximately 69% of all booked inmates were released within five days of their intake.[20]

Like most jails cross the country, people with mental illness, substance use disorders, chronic illnesses, and a host of other vulnerabilities are re-entering the community from incarceration every day. The longer their health needs go unserved in the community, particularly those influential in an individual's criminal activity, the greater likelihood for an inmate to recidivate quickly and cycle back into the justice system. Drug-related, vehicular, and driving under the influence charges made up the majority of the 2019 cases in the county[21] – crimes often influenced by addiction and economic deprivation. Engaging re-entrants at the earliest possible point in a Sequential Intercept Model (SIM), and effectively linking with community-based resources upon eventual re-entry, is critical for individuals to minimize their criminal justice footprints.

Population Forecasting. The YCSO's and Reach Out's current data management greatly aided in Falcon's analysis of space utilization and anticipated traffic flows within the Community Connections Center. Forecasting the Connection Center's population began with a review of the jail's booking and release patterns. The YCSO provided multiple data sources regarding monthly data bookings and releases. Given the quality and recency of data supplied, multiple data sources were aggregated (November 2019 bookings total[22]; Reach Out's 2019 3rd Quarter Booking total[23]; October 2018 through September 2019 Annual Snapshot of Bookings[24]) to produce a working average of 633 monthly bookings. Referring to YCSO's November 2019 release data, all but 0.9% (5 inmates) were booked and released in that month. The YCSO reported that it released 53 inmates to the Department of Corrections in November of 2019, constituting about 11% of their monthly ADP (477).

While prison sentences to the Department of Corrections do occur, strategically operating under the assumption that all booked citizens are released in a month provided a conservative projection, often necessary for space validations when population forecasting is variable.

[19] Supplied by YCSO Administration via electronic communication. December 2019.
[20] Ibid.
[21] County Attorney's Office Yavapai County Government. Retrieved from http://www.yavapai.us/YCCoAtty/CaseStats.htm
[22] Data supplied by YCSO Administration via electronic communication.
[23] Data gleaned from Reach Out's Statistical PowerPoint supplied via electronic communication.
[24] Data supplied by YSCO Administration via electronic communication.

Next, projections were established regarding the volume of inmate releases per shift. While many variables affect when an inmate is released, the industry generally sees more release activity during business and court operating hours, and fewer during overnight hours. First shift is defined as the hours of 7am-3pm. Second shift is defined as the hours of 3pm to 11pm. Third shift is defined as the hours of 11pm to 7pm. Falcon projected that 70% of all inmates are released during 1st shift (433 inmates), 20% during 2nd shift (127), and 10% during 3rd shift (63) each month. To move from monthly averages to daily traffic flows, shift totals were divided by thirty, resulting in a daily average of 15 inmates released during first shift, 4 released during second shift, and 2 released during third shift.

Yavapai County Community Connections Center Re-entry Programs and Operations

Evidence-Based Re-entry Practices and Services. Best practice re-entry programs minimally involve intervention at three domain levels: 1) Healthcare/ Mental Health, 2) Housing and 3) Employment.[25] Yavapai County's Community Connections Center Program exceeds these levels and will structure its service domains according to the following: 1) Healthcare/ Mental Health, 2) Housing, Employment, and Transportation, and 3) Probation and Pretrial services.

Each re-entrant will be directed to the Yavapai County Community Connections Center as they are released and will receive tailored services including: agency/benefit enrollment, behavioral health assessment, referral for additional services, and case management necessary for their successful reintegration and rehabilitation. Each inmate will receive the following services, as needed:

- ***Healthcare Services.*** Healthcare consists of both mental and physical health services. Stabilizing or alleviating the symptoms of chronic and/or infectious diseases are just as important to public safety as the management of mental illness. With today's integrated health model, it is important that any behavioral health providers who utilize this space are capable of providing active referrals for both somatic and behavioral healthcare. Utilizing evidence-based medical and mental health screening and assessment are recommended.

- ***Housing, Employment, and Transportation.*** Securing stable housing, obtaining gainful and lawful employment, and having access to affordable and reliable transportation are essential for individuals re-entering society from the jail or the collocated Screening and Evaluation Center. Linkage may be supplied via case managers or clinicians from community-based agencies.

- ***Probation and Pretrial Services.*** Inclusion of Probation and Pretrial Services in the collocated facility allows re-entrants to check in with probation/pretrial supervision, learn about the requirements of their court-ordered supervision (i.e. behavioral health assessments, treatment for substance misuse), and immediately link with those services. As important members of the re-entrant's treatment team, probation/pretrial

[25] Federal Prisons Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism. February 2018. *United States Government Accountability Office Report to Congressional Committees.*

professionals can meet their probationers inside the Center's therapeutic setting, initiating meaningful connections, fostering cooperative working alliances, and ultimately achieving greater adherence to supervision stipulations.

Staffing Considerations. Falcon's analysis of mental health and social services provider caseloads and standard job functions across various systems nationwide, suggest that a bachelor or master's level professional with a standard set of re-entry duties, should be able to comfortably assess 5 individuals per 8-hour shift. With an expected process time of 1.5 hours to complete an assessment and referral (1 hour for enrollment/assessment/referral activities and 30 minutes for notetaking), a Community Health Provider in an 8-hour shift, should reasonably be able to see 5 clients (8-hour shift/1.5 client hours = about 5). If an individual is already enrolled as an active client, service delivery time will be reduced, as the session will focus on case management and linkage with the client's current or preferred providers.

As citizens are linked with community resources, agencies may see larger caseloads of active clients, thus, requiring fewer full intakes needing to be completed inside this facility. On the flipside, effective re-entry programming is expected to reduce recidivism rates, therefore, active and stable clients would be less likely to return to the Community Connections Center. Over time, it is unlikely that providers at this facility would be able to greatly exceed the 5-client run rate, since the facility will be servicing more new clients as recidivism rates decline.

With 15 inmates expected to enter on first shift and a run rate of 5 clients per eight-hour shift, 3 full-time behavioral health providers, each requiring a single office space, would be needed to service the expected shift activity. Only one behavioral health provider office would be required during second and third shifts.

It is anticipated that a social worker from housing, employment and transportation agencies can reasonably service about 7-8 clients per 8-hour shift. Since these agencies can execute services from wall-less spaces, dedicated offices are not required, but may be utilized, particularly during second and third shifts when space becomes available. Three to four cubicle spaces would be needed during first shift.[26]

Two to three offices, in total, should be dedicated to the Reach Out Program and Probation/Pre-Trial Services. Reach Out Coordinators will utilize this space to conduct initial screenings and follow-up sessions with re-entrants, providing active linkages to services. Pre-Trial Services and Probation will be available for re-entrants to check in with officers, learn the conditions of supervision, establish rapport, and potentially meet some or all their requirements in the collocated facility, immediately. These agencies are expected to have a greater presence during normal workday hours. Finally, one multi-function conference room should be integrated into the floorplans, prioritized as a communal shared meeting space.

[See Appendix C for Alternative Test Runs on Population Forecasting/Workspace Utilization]

[26] The number of Housing, Employment and Transportation agencies represented each shift is expected to vary since some of the co-working agencies within the facility, like the Department of Veteran's Affairs, are capable of servicing a wide range of needs.

FIGURE 3. EXPECTED WORKSPACE ALLOCATIONS BY SHIFT

1st Shift	Office	Office	Office	Office	Office	Office	Cubicle	Cubicle	Cubicle
HealthCare									
Reach Out									
Probation/Pre-Trial Services									
Other Social Services									
2nd & 3rd Shifts	Office	Office	Office	Office	Office	Office	Cubicle	Cubicle	Cubicle
HealthCare									
Reach Out									
Probation/Pre-Trial Services									
Other Social Services									

Reallocation of Existing Workforce. This facility will be staffed by multiple providers of various services, ranging from behavioral health professionals to probation officers. While participating agencies will need to decide specific staffing allocations in later phases of the project's development, the creation of the Community Connections Center is not expected to require significant county funding on the employment side. It is expected that only a small number of county employees would be required to operate the building and manage the contract, while most services would be provided by privately contracted organizations - resulting in a re-configuration as opposed to a significant increase of personnel resources.

Operations and Circulation Flow. Without exception, foot traffic entering the Yavapai Community Connections Center will come from two institutions – the Yavapai County Jail or the County Screening and Evaluation Center.[27] Those from the jail are releasees from the following adjudication processes: 1. booked and released on recognizance or unsecured bail (initial appearance within 24 hours); 2. booked and released after making bail (after 24 hours but before Early Disposition Court or Arraignment); 3. booked and released at Early Disposition Court (within 10 days); 4. booked and released at arraignment; and 5. booked and committed for an identified length of Yavapai sentence, with a known release date.

Because Reach Out Coordinators will continue to screen those booked into the jail, many individuals will be released with a service plan already initiated. Judges are consistent in asking Reach Out Coordinators about the risk factors identified and the defendant's' desire to seek help for those risk factors. Courts will likely increase their willingness to release an individual on recognizance or another form of pre-trial supervision, if they are able to require engagement with some type of service (i.e., substance use disorder evaluation), and can guarantee it will be offered immediately upon release.

From the outset, project stakeholders have achieved consensus that this collocated facility shall not be managed by the Sheriff's Office, and instead will operate as an independent, licensed healthcare facility. Since an inmate can be released from the jail at any time during the day/night, the Community Connections Center will operate twenty-four (24) hours a day.

After an individual has received linkage services immediately following discharge, he/she will depart from the Community Connections Center. This individual will have been referred to community resources based on identified needs, and subsequent encounters with providers will occur within the community. There will be no returning traffic into this facility.

[27] While approximately one-third of releases occur at the Camp Verde Jail, for the purposes of this report, the YCSO's total system bookings/releases were calculated in population forecasting.

FIGURE 4. COMMUNITY CONNECTIONS CENTER ENTRANCE AND EXIT FLOW

Functional Space Program and Considerations

- **Lobby.** Re-entering persons would enter the Community Connections Center into a lobby and reception area. Understanding the psychological impact of first impressions and the intense environments each population is leaving, Yavapai County stakeholders agree that this space should feel warm and inviting, more similar to a library or college building than a jail. Comfortable chairs would be provided to accommodate overflow. Clients would exit through the reception area and meet their transportation back into the community. Note: given the increase in medical acuity across our nation's jails, compliance with and adequate ADA accommodations for this population is essential.

- **Single-Desk Offices.** Given the varied operational needs of mental health, social service providers and associated HIPAA and licensing requirements, this facility will require a mixture of single-desk offices and shared workspaces. To ensure client confidentiality, behavioral health providers will require single offices. A mainstay of the facility, it is also recommended that Probation/Pre-Trial Services and Reach Out are provided dedicated offices to streamline their activities and conveniently house necessary paperwork and linkage materials. Each office will require floor-to-ceiling walls, a door, a desk and two chairs, computer access, and privacy for confidential information exchange.

- **Cubicle Spaces.** Employment, housing, transportation, and other case management services that are not confined by HIPAA may execute the delivery of their services from cubicle spaces, which do not require floor-to-ceiling walls or doors, but which will require computer access and Wi-Fi.

- **Conference Room.** A shared conference room should be available, with a conference table, chairs, and technological support to include Wi-Fi and presentation hardware such as a flatscreen television. The conference room should be a confidential space, with a door and floor-to-ceiling walls.

- **Kitchenette/Staff Space.** If positioned properly, collocated staff from the Title 36 and the re-entry sides could utilize a staff lounge. This area should include a kitchenette and comfortable seating with tables, and providing easy access for lactation, either by separating a section or creating an appropriate private space. Cabinets should be

available for staff to store food and personal items. Patients should never have access to this room.

- **Restrooms.** Two toilets and sinks should be available for staff and clients to meet the needs of the occupants and service users.

- **Janitorial/Utility Spaces.** Storage closets for cleaning and office supplies should be adequate to service the providers utilizing this space.

Functional Space Program and Considerations

Lobby

Single-Desk Offices

Cubicle Spaces

Conference Room

Kitchenette/Staff Space

Restrooms

Janitorial/Utility Spaces

Safety Concerns for Clients and Staff. Re-entrants entering the Community Connections Center are often at their most vulnerable, having experienced arrest, booking, detention, incarceration, and all of the toxic stress associated with those experiences. Additionally, rates of trauma in this population are nearly ubiquitous, and symptoms of impulsivity, heightened arousal, poor frustration tolerance, and generally poor coping are common correlates. Understandably, they are eager to leave the facility, and to return to the community. Some may still be under the influence of substances or alcohol, some withdrawing, and many simply frustrated and angry with their entanglement in the justice system. Many have histories of violence, and other risk factors for interpersonal aggression, and given the situational stress, the creation of a safe environment is critical. Security measures, especially during second and third shifts, are recommended to ensure safe and efficient operations. Additionally, staffing a facility 24 hours per day is difficult enough, and if the perception is that the facility is unsafe, those challenges are compounded. Strong administrative management of the facility is highly recommended to mitigate these expected challenges.

Yavapai County Screening and Evaluation Center

Background and Overview. While the success of the Reach Out initiatives expanded pathways to re-entry and reintegration, Yavapai County also recognized the need to improve their 'front-end' interventions by diverting individuals with Serious Mental Illness (SMI) from their jail population. Accordingly, the county decided to target their implementation of Arizona's involuntary screening and evaluation process (known as "Title 36") as a means of deflecting individuals from the justice system, providing treatment to ensure the reduction of criminogenic risk.

In the latter part of the twentieth century, jails began to see astronomical increases in the behavioral health needs of their inmates. More recently the number of those with diagnosed SMI housed in jails across the country has been shown to outnumber those with SMI housed in state hospitals, ten-fold[28], and prevalence rates of SMI in jail populations in the United States are now two to four times greater than rates found in the non-incarcerated population[29 - 30]. This

[28] Torrey, E., Zdanowicz, M., Kennard, A., Lamb, H., Eslinger, D., Biasotti, M., & Fuller, D. (2014). The treatment of persons with mental illness in prisons and jails: A state survey. Treatment Advocacy Center.
[29] Cloud, D. (2014). On life support: Public health in the age of mass incarceration. Vera Institute of Justice. http://www.vera.org/sites/default/files/resources/downloads/on-life-support-public-health-mass-incarceration-report.pdf.
[30] Steadman, HJ, Osher, FC, Robbins, PC et al., Prevalence of serious mental illness among jail inmates. Psychiatric Services. 2009; 60: 761-765.

transinstitutionalization, by which individuals with SMI have been moved from one state-operated institution to another, represents a decades-long sociological process, where the rising rates of SMI in correctional settings are correlated with the steadily declining numbers of those with diagnosed SMI in state hospitals[31]. In the mid-1900s, focus turned to the warehousing of those with SMI in state-run hospitals, with attempts to address the pattern of *institutionalization* of those with SMI. In the years that followed, substantial efforts were undertaken to discharge many of these individuals into less restrictive settings in the community, with the promise of community mental health supports. While this *deinstitutionalization* occurred, many of those promised resources never came to fruition, and individuals who would otherwise have been living in hospitals were not afforded the supports necessary to cope and live with SMI in less restrictive settings. The latter portion of the twentieth century saw the Vietnam war, economic recession, the concurrent proliferation of street drugs with the War on Drugs, and those with SMI began to find themselves coming into contact with law enforcement. This *criminalization* of the population diagnosed with SMI is largely credited with the exponential rise in rates of SMI inside jails and prisons in the latter decades of the twentieth century.

In Yavapai County, the Reach Out initiative helped to identify this population of jail inmates, and to improve the linkages to community-based supports, which is credited with significantly reducing the population of inmates with SMI in the county jails. However, Yavapai County also recognized that the best way to reduce the number of inmates with SMI in the county jails is to provide community-based intervention prior to the individuals entering the justice system to begin with. As Yavapai County began the process of planning and designing their Criminal Justice Center, included in the Request for Qualifications (RFQ) was a non-custodial building with a co-located mental health screening facility[32]. This was a manifestation of the commitment by the county to deflect individuals with SMI from entering the justice system and creating a footprint.

Title 36 Requirements. Arizona, like many jurisdictions, has a statutory provision for court-ordered evaluation and treatment, which allows for the involuntary detention of an individual for mental health evaluation and treatment under certain circumstances[33], commonly referred to as the "Title 36" population. The criteria for this involuntary screening and evaluation require that, due to a mental disorder, a person meets one of the following[34-35].

- Danger to Self
- Danger to Others
- Gravely Disabled
- Persistently or Acutely Disabled

Prior to being mandated into involuntary screening, evaluation, or treatment, an individual must be offered voluntary services, and thus, the Title 36 patients are an entirely involuntary population.

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[31] Slovenko, R. (2003). The transinstitutionalization of the mentally ill. *Ohio North Law Review,* 29(3), 641-660.
[32] Yavapai County Government Facilities and Capital Improvements Request for Qualifications Architect Engineer Services for Construction of Yavapai County Criminal Justice Center (October 18, 2019).
[33] Arizona Revised Statutes, Title 36 §504-544
[34] Arizona Center for Disability Law. (2015). *Court-ordered mental health evaluation and treatment in Arizona: Rights and procedures.* Available at: https://www.azdisabilitylaw.org/wp-content/uploads/2015/04/MH1-COT-New-Logo.pdf
[35] Arizona Department of Health Services Division of Behavioral Health Services. (2005). *Provider manual: NARBHA edition.* Available at: http://www.narbha.org/includes/media/docs/3.18-Prepetition-COE-COT-041205.pdf

Although law enforcement is the predominant mechanism by which an individual is detained and transported for these services, this is not a criminal process, and individuals retain many important rights, including the following:

- The right to stop the legal process by accepting and being accepted into voluntary services
- The right to legal counsel, which will be appointed if the person cannot afford services
- The right to independent evaluations by another physician
- The right to be in the least restrictive setting necessary (i.e., outpatient services vs. inpatient services)
- The right to give informed consent, and to refuse medications except in an emergency or with a court order

Pre-Screening Petition. The Title 36 process begins with an application for Court-Ordered Evaluation (COE), which may be filed by any responsible person, who believes an individual, due to a mental disorder, is a Danger to Self (DTS), Danger to Others (DTO), Gravely Disabled (GD), or Persistently and Acutely Disabled (PAD).

In Yavapai County, based on data from the first half of 2019, there were an average of 31.5 referrals per month[36-37], with more than 20 different referral sources. However, all of the referrals come from professional agencies, such as hospitals, community providers, or Law Enforcement Officers (LEO), with the exception of approximately one to two referrals from family members per month. Referrals are most commonly made for concerns regarding DTS, followed by PAD, and then DTO, but most referrals represent multiple concerns (i.e., DTS/DTO/PAD).

The most common referral sources are listed in descending order:

REFERRAL SOURCE	DESCRIPTION	Avg Per Mo
Terros Health	Community Behavioral Health and Mobile Crisis Response Services	6
West Yavapai Guidance Clinic	Community Behavioral Health, Inpatient Psychiatric Services, and Crisis Stabilization Unit	6
Spectrum Behavioral Health	Community Behavioral Health and Mobile Crisis Response Services	3.6
Verde Valley Medical Center	Hospital Emergency Department	3.3
Prescott Police Department	Local Police Department	2.5
Yavapai Regional Medical Center	Hospital Emergency Department	2
Other	Originating from 26 other sources	8.1
TOTAL		**31.5**

[36] Range: 27 - 43
[37] "Redacted Yavapai Involuntary 2019"

CONCERNS

- NARROW DEFINITION OF "MENTAL DISORDER"
- SINGLE PROVIDER OF ALL TITLE 36 SERVICES
- NEED FOR ENHANCED EDUCATION AND TRAINING
- INCONSISTENT APPLICATION BETWEEN COUNTIES
- UTILIZATION OF EMERGENCY DEPARTMENTS FOR CLEARANCE

There are two ways to file the petition under Title 36, through Pre-Petition Screening, or by an Application for Emergency Admission. In the Pre-Petition Screening, the purpose is to decide whether more extensive psychiatric evaluation is necessary, and the screening agency has 48 hours (not including holidays or weekends) to complete the screening. This screening is completed in the community, rather than in an inpatient facility. Under the Application for Emergency Admission, which must be filed by a person with personal observation of dangerous behaviors, an individual can be detained for 24 hours without an order from the court. This evaluation is completed in the Title 36 facility, which is a locked inpatient unit, and the person is generally detained and taken to the facility by police. The petition is then filed with the court, requesting a COE.

Screening and Evaluation. In Yavapai County, one Title 36 provider conducts all Title 36 screenings and evaluations. On average, in the first half of 2019, 54% of all referrals resulted in an admission to the Title 36 facility, or a monthly average of 17.2 admissions[38], indicating that they met the criteria for a mental disorder, which created DTS, DTO, or PAD, and required hospitalization as the least restrictive setting necessary. The remaining referrals were determined not to meet criteria for hospitalization or were willing to accept voluntary evaluation or treatment at a local psychiatric hospital.

Length of Stay. Title 36 allows for 72 hours (not counting holidays and weekends), from the time an individual is issued a COE, to complete the evaluation. After the 72 hours, the Title 36 facility must release the individual, transfer to voluntary status, or file a petition for Court-Ordered Treatment (COT). According to Yavapai County's Title 36 data, the average length of inpatient stay under Title 36 (meaning the person is in an involuntary status) is 3.37 days[39]. At the conclusion of the Title 36 status, the person meets one of the following criteria:

- Accepts voluntary treatment and is converted from involuntary to voluntary status
- No longer meets criteria for inpatient hospitalization and is discharged to community-based care

The current provider accepts Title 36 and voluntary patients and is capable of converting the patient from involuntary to voluntary status without necessitating transportation to another facility.

Petition for Court-Ordered Treatment (COT). After the COE is completed, if the individual is not discharged or converted to voluntary status, the Title 36 agency must file a petition for COT. The court must rule on the petition within six days, during which time the patient may be held in the inpatient facility or may be released to community-based services. The courts must find by *clear and convincing evidence,* that because of a mental disorder, the person is DTS, DTO, PAD, or GD. As a result of the potential lag, while waiting for the court to rule on the petition for COT,

[38] Range: 13 - 28
[39] Range: 3.0 – 5.43

an individual may subsequently meet criteria for discharge or convert to voluntary status, thus removing the need for COT in many cases.

According to Yavapai County data for the first half of 2019, there was an average of 1.67 petitions for COT per month. According to Title 36, COT must be ordered in the least restrictive setting, and can be inpatient, outpatient, or both, and the order cannot exceed one year of COT. If, however, in the opinion of the medical director of the agency providing treatment, the person is no longer DTS, DTO, PAD, or GD, he or she may be released from COT.

Financial Considerations. According to Title 36, the financial burden for the cost of services, specifically court-ordered screening and evaluation, is borne by the County, and is not covered by insurance or state funding (i.e., Arizona Health Care Cost Containment System [AHCCCS] or Medicaid dollars). COT, however, is covered by insurance, and the provider can bill for reimbursement from the date the petition for COT was filed. Yavapai County opted to create a guaranteed and capitated flat monthly rate of payment to its provider, which is paid regardless of the number of screenings, admissions, or evaluations processed under Title 36.

Challenges Resulting from the Title 36 Process. According to participants in working groups, there was consensus that the Title 36 process in Yavapai County has long been in need of improvements, both in terms of the statutory language, as well as, the implementation of the statute locally[40]. All were largely in agreement that modifications to the current system could improve the effectiveness and the efficiency of the process, reducing the burden on law enforcement and hospitals primarily, while enhancing the quality of care for this vulnerable population.

In December of 2018, a Town Hall Report was issued by Sheila Polk, Yavapai County Attorney, which summarized the contributions and concerns of approximately 90 participants from two town hall meetings specifically organized to address ways to improve the Title 36 process. Many of those concerns were echoed by the working groups during Falcon's investigation and data collection process. Concerns ranged from statutory definitions, to frustrations surrounding police resources, to lack of standardization of implementation of Title 36 between counties. Most convergence between the Town Hall Report and the working groups focused on the following areas, with the potential impact subsequently explored by Falcon's experts:

Concern: The current definition of "Mental Disorder" is too narrow, disqualifying many referrals due to Substance Use Disorders, Traumatic Brain Injuries, or cognitive impairments like dementia.

- Current definition of "Mental Disorder:" A substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
    - Conditions that are primarily those of drug abuse, alcoholism or mental retardation, unless, in addition to one or more of these conditions, the person has a mental disorder;
    - The declining mental abilities that directly accompany impending death; and
    - Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.

[40] Working Groups 12/2/19 – 12/5/19 (Deliverable 1.1 furnished to Core Group January 2020)

- Proposed definition of "Mental Disorder[41]:" a substantial disorder that substantially impairs the person's emotional processes, thought, cognition, memory or behavior. The mental disorder may be related to, caused by or associated with a psychiatric or neurologic condition, or an injury or disease, and may co-occur with a Substance Use Disorder.
    - A person with an Antisocial Personality Disorder or sexual disorder shall not be considered to have a Mental Disorder unless that person also has a substantial impairment of emotional process, thought, cognition or memory, and the impairment has a reasonable prospect of being treatable with psychiatric treatment;
    - A person with a fixed or progressive deficit in cognition or memory due to a neurologic disease, or a person with either a brain injury or an intellectual or cognitive disability, may be considered to have a mental disorder if the person also has a substantial impairment of emotional process, thought or behavior, and the impairment has a reasonable prospect of being treatable with psychiatric treatment;
    - Mental Disorder includes a person presenting with impairments consistent with both a Mental Disorder and a Substance Use Disorder if, considering the person's history and an appropriate examination of the person, the impairments of a Mental Disorder persist or recur even after detoxification.

- Potential systemic impact: the proposed definition of Mental Disorder is interpreted as having two potential impacts. First, it expands the scope of diagnoses to whom this definition *could* apply. It clarifies that intoxication, Substance Use Disorders, and neurological conditions, for example, are not rule-outs for the Title 36 process. However, it also appears to create additional clinical judgment in the diagnostic conceptualization, stating, for example, "the mental disorder *may* be related to, caused by or associated with a psychiatric or neurologic condition, or an injury or disease, and *may* co-occur with a Substance Use Disorder (emphasis added)." This additional discretion creates the opportunity for inconsistent application, as reasonable clinicians disagree on diagnoses frequently, and implicates the role of standardized training for anyone who is conducting these types of screenings or evaluations.

  Yavapai County's 2019 data does not include diagnostic information for those individuals who were screened out of the Title 36 process, such as those who accepted voluntary treatment or did not meet criteria. It is a reasonable assumption that, of the 46% who are not admitted due to acceptance of voluntary treatment or failure to meet Title 36 criteria, some of those were due to not meeting criteria for Mental Disorder under the statute, while others may have failed to meet another prong of the test, such as DTS, DTO, PAD, or GD. As a result of this finding, Falcon experts recommend increasing forecasted Title 36 population under the working assumption that the proposed definition will be adopted.

Concern: With just one provider of screening and evaluation services, responding to unpredictable requests for screening can be unnecessarily time-consuming, and can place the patient and community in additional danger. It was suggested in the Town Hall Report that the

[41] Paraphrased from definition proposed by the statewide Administrative Office of the Courts (AOC), a working group operating concurrently with Yavapai County's local efforts. "Committee on Mental Health & the Justice System Draft Revision." ARS Title 36 §501. Definitions. 25. "Mental Disorder."

screening component be separated from the evaluation component in Yavapai County's contract for Title 36 services.

- Potential systemic impact: Yavapai County has a rich foundation of behavioral health providers, and in fact, the three most common referral sources for Title 36 are behavioral health agencies. Currently, the sole provider must physically travel to the location of the referral to conduct the screening, and often must require medical clearance at an Emergency Department prior to acceptance of the patient. This process can require Law Enforcement Officers (LEO) to transport an individual to the Emergency Department, where they wait with the patient for the screener to arrive, with the disposition unknown (i.e., whether the person will meet criteria or not). The LEO may then be required to transport the person to the Title 36 facility.

- By separating the screening portion of the contract, and by standardizing training surrounding eligibility and assessment of Mental Disorders, the behavioral health provider could conduct the Title 36 screening immediately, without necessitating additional transport which creates security risks and is time-consuming. Additionally, allowing a behavioral health professional to conduct the screening, without additional police presence or transport, is likely to reduce anxiety, stress, paranoia, and other correlates of behavioral escalation, and is more trauma-informed. Survivors of trauma often present with autonomic arousal, keyed up and on edge, with impulsivity and proneness to re-experiencing the original underlying event when triggered. Authority figures may have the best of intentions when approaching a survivor of trauma, for example, but the very power demonstrated by the authority figure activates the nervous system response, resulting in an erratic, hyper-vigilant, and even aggressive response. Interaction by professionals who are non-threatening, patient-focused, helping professionals, with training in trauma-informed intervention, is less likely to activate that response. If this suggestion is adopted, Falcon experts recommend decreasing forecasted Title 36 population under the assumption that a greater number of individuals will accept voluntary treatment.

Concern: There is a need for improved communication, collaboration, and training between all stakeholders in the Title 36 process, including the patients, law enforcement, behavioral health providers, and community members.

- Potential systemic impact: while Title 36 is not a criminal process, it is certainly an involuntary one and one that removes important liberties from an individual. It can be traumatizing for the service user, the family, the community, the law enforcement officer, and anyone else involved in these often intense and stressful interactions. It is critical that all stakeholders feel comfortable and knowledgeable about the Title 36 process by regularly holding feedback sessions, working groups, and trainings, specifically on the standardization of the clinical application of Title 36 such that anyone conducting a screening is clear and confident regarding the definition of Mental Disorder and the potential dispositions available.

Concern: Title 36 is interpreted and applied inconsistently between Arizona counties, and should be applied consistently in a standardized fashion.

- During the data collection phase of this process, Falcon experts requested Title 36 data from neighboring Mohave[42] and Coconino[43] Counties, in an effort to explore this concern that was voiced on more than one occasion. The counties were selected due to their geographic proximity and relatively similar population size. Findings are presented below:

FIGURE 5: TITLE 36 USAGE RATE FOR YAVAPAI AND ADJACENT COUNTIES

County	Population (2017)	Avg. Monthly Referrals	Referral Rate (per 10,000)	Avg. Monthly COE	Admission Rate for COE	Avg. Monthly COT Petitions	Avg. Monthly COT Orders	Avg. Length of Involuntary Stay (Days)
Yavapai	228,168	31.5	1.4	17.17	54.0%	1.67	N/A*	3.37
Mohave	207,200	27.33	1.3	7.71	28.2%	3.25	0.92	N/A
Coconino	140,776	45.56	3.25	29.25	64.2%	0.69	0.31	3.32
* Unable to extract from data set								

When comparing the utilization rate of Title 36, or the number of referrals per 10,000 citizens, Yavapai County utilizes Title 36 at the rate of 1.4 referrals per 10,000 residents. In Mohave County, data indicate that there are 1.3 referrals per 10,000 residents. And in Coconino County, data suggest that there are 3.25 referrals per 10,000 county residents, representing more than twice the utilization rate of Mohave or Yavapai Counties. While it is beyond the scope of this report to examine these discrepancies in detail, there does appear to be some variability in the utilization rate of Title 36 services.

Turning to the rate of admission, or the number of individuals screened relative to those admitted for COE, data indicate that 54.0% of screenings in Yavapai County result in admission for COE. In Mohave County, just 28.2% of screenings result in COE admissions, and in Coconino County, 64.2% of screenings result in COE admissions. Looking at rates of screenings resulting in COE admissions, there also appears to be some variability between counties.

Similarly, Yavapai County petitions for COT an average of 1.67 time per month, or in one or two cases. Mohave County petitions for COT in 42% of their COE admissions, while Coconino uses COT less than once per month. Once admitted for COE, the average length of stay is relatively consistent between Yavapai County (3.37 days) and Coconino (3.32 days), while Mohave County indicated that they do not collect that data.

Again, it is beyond the scope of this project to closely examine all of the variability between these systems, but it is likely that systemic differences, such as who makes referrals and where screenings occur, as well as the availability and appeal of voluntary options, could explain some of the variance. In sum, however, the impressions of the working groups and the Town Hall Report appear to be valid, and this does appear to be an issue warranting attention.

Concern: In practice, the Title 36 population is often required to obtain medical clearance from an Emergency Department prior to admission for screening or COE. This process requires

[42] Correspondence from Blake E. Schritter, Indigent Defense Services Director, Mohave County Indigent Defense Services, and Jack Fields, Assistant County Administrator for Yavapai County
[43] Correspondence from Dr. Marie Peoples, Deputy County Manager, Coconino County Public Health Services District, and Jack Fields, Assistant County Administrator for Yavapai County

additional time and transportation by Law Enforcement Officers (LEO) and Emergency Medical Services (EMS)

- In a three-month sampling of Yavapai County 2019 data, 57 individuals, or 64% of all referrals were referred for screening by a community behavioral health provider but required transportation to an Emergency Department for the screening to be completed.
- It is recommended that the Title 36 agency develop the capacity to complete these medical clearances as part of the intake process to the facility, thereby greatly reducing the use of the Emergency Departments for this population that is unpredictable and for whom that level of service is often unnecessary. The Tile 36 agency should be prepared to receive individuals who are intoxicated, withdrawing, suffering delirium, or other common co-morbid medical conditions for this presenting population.
- Potential systemic impact: annualized, there are approximately 228 Emergency Department visits as a component of the Title 36 screening process, some of which are undoubtedly necessary, but some may not be. According to the Healthcare Finance Management Association (HFMA), $8.3 billion is spent each year at Emergency Departments that could be provided elsewhere[44], with an average cost per visit of $1,917. Citing a report issued by Premier, "The average patient with psychiatric service needs directly costs an [Emergency Department] $1,198 - $2,264 per visit, with many patients presenting dozens of times over a year." Furthermore, the report estimates that eliminating unnecessary use of these

> *"The average patient with psychiatric service needs directly costs an [Emergency Department] $1,198 - $2,264 per visit, with many patients presenting dozens of times over a year."*

departments for mental illness could save approximately $4.6 billion annually. In addition to the cost savings for hospitals and taxpayers, LEOs and EMS can eliminate unnecessary transportation time, risks, and the hours they report often spending in the Emergency Department waiting for the individual to be medically cleared.

Population Forecast

Baseline. Current baseline data have only been collected since January of 2019 but have remained relatively stable in those months. Review of Yavapai County's 2019 data indicate that two of the months provided did not include the Length of Stay (LOS) specifically while in an involuntary status, but rather the entire length of stay. As a result, those data points were not used in the analysis. According to that data set, the average number of monthly admissions for screening and COE is 17.17, with a range of 13 to 28 admissions per month. The month of April 2019 appears to be an outlier (28), which when removed created a range of 13 to 18, with a monthly average of 15 admissions. This is utilized as the baseline rate of admission to the Title 36 facility:

[44] Rich Daly and HFMA Senior Writer/Editor. (February 11, 2019). *Preventable ED use costs $8.3 billion annually: Analysis.* Available at: https://www.hfma.org/topics/news/2019/02/63247.html

FIGURE 6: BASELINE UTILIZATION RATE FOR YAVAPAI COUNTY TITLE 36

Population (2017)	Avg. Monthly Referrals	Referral Rate (per 10,000)	Avg. Monthly COE	Admission Rate for COE	Avg. Length of Involuntary Stay (Days)
228,168	31.5	1.4	17.17	54.0%	3.37

Adjustments. During the investigation and data collection process, Falcon experts identified systemic forces and developments that can reasonably be assumed to have an impact on the number of admissions per month.

Expanded Definition. Because the Title 36 process is driven by statute, any changes in the statute can be expected to have an impact on the clinical and logistic practices. The expansion of the definition of Mental Disorder can be expected to have an impact on the number of those who could qualify for COE under Title 36, specifically those with primary Substance Use Disorders (and co-occurring mental illness), personality disorders (and co-occurring mental illness), and neurological and cognitive limitations with similar caveats. While it is not possible to ascertain how many of those 'screened-out' would have been 'screened-in' and admitted for COE under the expanded definition due to lack of diagnostic information collected for the population 'screened-out,' 46% of those screened were not admitted to the COE process. Data indicates that many chose to voluntarily be evaluated, while others did not meet the criteria, but it is unclear as to which prong of the statutory criteria was not met. Additionally, the introduction of additional clinical discretion could impact the rate of diagnosed Mental Disorders. The population currently 'screened-out' includes patients who are historically difficult to place in terms of care coordination, such as the aging population, those with histories of sexual disorders or sex offenses, and those with co-occurring Substance Use Disorders. It is likely that an expanded definition will cast a wider net, but that it will also result in longer average length of stay. Falcon experts estimate an average length of stay in the Title 36 facility of 6 days (versus 3.37 currently) resulting from the expanded definition.

Currently, there are an average of 31.5 referrals per month, or annualized at 378 referrals per year. Fifty-four percent of those referred for screening are ultimately admitted for COE, or 206 admissions per year. Thus, 172 screenings do not result in admission for COE. Of those 172 screenings that resulted in a disposition other than admission for COE, those who chose to go voluntarily, those who did not meet the definition of Mental Disorder, and those who did not meet the dangerousness prongs (DTS, DTO, PAD, GD), are all represented. Discussions in working groups revealed that Law Enforcement Officers (LEO) and behavioral health providers do not see this group as an insignificant number of screenings, and recognizing the three options for 'screening-out,' we estimate that one-third were 'screened-out' due to not meeting the definition of Mental Disorder under the current statute. Applied to the 172 cases that were 'screened-out,' it would be estimated that an additional 57.33 admissions per year could be expected, or 4.78 per month. Utilizing the full data set, inclusive of the April 2019 outlier, the expected monthly admissions would average approximately 21.95 individuals. Omitting the outlier in April 2019, the expected monthly admissions per month would average approximately 19.78, creating a range of 20 to 22 expected admissions per month under the proposed definition of Mental Disorder, utilizing the current population data.

Community-Based Screening by Trained Professionals. Under the current Title 36 model in Yavapai County, community behavioral health providers must request a screening and evaluation by contacting the sole contracted provider of all Title 36 services. The Title 36 provider generally requires a medical clearance by a local Emergency Department, and thus the referring provider utilizes Law Enforcement Officers (LEO) and Emergency Medical Services (EMS) to transport to the Emergency Department where the patient can receive medical clearance, and the screening can be conducted. As indicated previously, this layer of the current practice creates delays in care, increased security risks by transporting, and introduces additional involvement by authorities. This latter point is critical, as the rates of trauma in this population are astronomical, and contact with LEO or EMS can have a triggering effect, exacerbating psychotic symptoms, and creating a self-fulfilling prophecy that criminalizes those with mental illness, who may be primed to respond aggressively as a learned defense from a previous traumatic incident.

Streamlining this process, reducing Emergency Department utilization, and utilizing LEO and EMS only when necessary for transport directly to the Title 36 facility, is likely to decrease the experience of trauma and associated responses, and thus increase the likelihood of accepting voluntary treatment. A behavioral health professional who has a strong rapport with a client, for example, is equipped with the relational and evidence-based tools (i.e. Motivational Enhancement Therapy, for example), to increase the likelihood of accepting voluntary treatment. Additionally, reducing the amount of time spent by LEO and EMS on transportation of this population to an Emergency Department, and then potentially to another location after the screening, will increase the amount of time those agencies are on patrol or available for emergencies. While it is impossible to reliably predict the impact of this procedural change, discussion with working group members from the behavioral health community implicated that this could impact 1 to 2 referrals per month. Based on the forecast, Falcon experts conservatively estimate the impact at a reduction of 5% of COE admissions.

Central Location. During working groups with Law Enforcement Agencies (LEA), officers and supervisors reflected on their challenges working with this population. Because of the perceived difficulties with transport, screening, medical clearance at Emergency Departments, additional transportation, and frustration with patients who quickly switch to voluntary status only to be back in the same situation shortly thereafter, officers admitted that it can be easier and more effective for them to arrest an individual and book into the jail. By doing this, the officers know the person will be medically screened by the jail, and will be provided with treatment. Historically, their experience was that it was more effective and efficient to arrest on low-level charges, such as disorderly conduct or public intoxication, and utilize the jail services rather than the Title 36 process. This is seen as a driver of the rates of Serious Mental Illness (SMI) and behavioral health crises in the jail population, and increased attention on this population through Reach Out and re-examination of the Title 36


Prescott, Arizona

process has clearly had an impact on those rates of SMI and other behavioral health crises in the jail.

Impact of the Collocated Facility. Based on discussion groups with local LEA, as well as review of the Town Hall Report, the collocation of this facility on the grounds of the Criminal Justice Center will streamline the Title 36 process, greatly reduce the need for clearance at the Emergency Departments, and create a single location for both criminal and Title 36 admissions. In the new model, all involuntary detentions (criminal arrests in Prescott and all Title 36 detainees) will utilize the same physical location. It is expected that this will increase the utilization of the Title 36 process, allowing officers who otherwise would have placed an individual under arrest, to more easily opt for the non-criminal Title 36 process at the same location. While it is not possible to reliably predict the increase in utilization as a result of this improved efficiency for LEA, qualitative discussion with active LEO indicate that this issue could impact 2 to 3 cases per month. As a result, Falcon experts conservatively estimate the impact at an increase in COE admissions of 10%.

Estimates. Utilizing the historic and projected population data referenced by Chinn Planning, Inc. in association with DLR Group[45], rates of utilization referenced earlier in this report, have been applied to the projected population of Yavapai County in 2030, to estimate the number of monthly admissions to the Title 36 facility. The following table represents the population forecast in 2030, with corresponding estimated numbers of monthly referrals, admissions for COE for current referral rate, and adjustments to utilization based on the preceding identified systemic forces.

FIGURE 7: FORECASTED UTILIZATION DATA FOR YAVAPAI COUNTY [2030]

Year	Population Estimate	Avg. Monthly Referrals	Avg. Monthly COE	Avg. Length of Involuntary Stay (Days)
2030	289,381	40.51	29.5	6

Note: Avg. Monthly Referrals are a result of the base rate of utilization in the current population (1.4:10,000). Avg. monthly COE is based on the current 54% of referrals 'screened-in' (21.88) for admission, with an additional 1/3 of referrals now 'screened-in' (Avg. Monthly Referrals x 12 months = 486.12; with 46% (223.62) resulting in admission due to expanded Mental Disorder definition (+ 74.54 annually, or 6.22 monthly, added to Avg. Monthly Admission 21.88 + 6.22 = 28.1 admissions per month)), with a reduction of 5% (- 1.41 = 26.69) due to community-based screening, and an increase of 10% due to efficient collocation and LEO discretion (26.69+2.81 = 29.5). Avg. Length of Involuntary Stay has been adjusted from 3.37 to 6.0 based on the impact of the population formerly 'screened-out,' now 'screened-in,' and associated needs and challenges of that population.

Bed space. Planning for 29.5 monthly admissions to the Title 36 facility for COE, multiplied by an Average Length of Stay of 6 days, results in 177 patient days per month for the Title 36 unit. Those patient days, divided by 30 days in an average month, result in an average of 5.9 patients per day. However, that figure can be misleading, as the current Yavapai County 2019 data indicate that admissions are sporadic and unpredictable, and frequently there are days with no admissions, and other days with multiple admissions. While the average daily population may be

[45] Chinn Planning, Inc. in association with DLR Group. (March 2016). *Yavapai County jail planning services: Volume I – system assessment and recommendations final draft report*.

5.8 in the future, there will be demand for additional bed space. Currently, the Title 36 provider often has 4 to 6 involuntary patients on any given day, but the number drops to 2 or 3 at times and may rise to 8 at other times. 5.9 beds should be seen as a baseline, adjusted upward significantly to account for higher levels of acuity and demand, frequency of admissions, longer length of stay, and overlap between patient stays. Adjusting upward as a result of these quantitative and qualitative forces, 12 beds are estimated as necessary to meet the demand of the growing population.

Functional Space Program and Patient Flow

Admission, Transportation Work Area, Medical Examination, and Restroom. Transportation to the Screening and Evaluation Center (Title 36 Unit) will be almost exclusively conducted by Law Enforcement Officers (LEO) or Emergency Medical Services (EMS). A dedicated secure entrance door opens into a medical examination room, with adjoining areas for transporting agency (LEO/EMS) to complete paperwork and transfer care and custody to the Title 36 Unit. The medical clinician conducting the intake assessment will need to perform Urine Drug Screens (UDS), and there will be a bathroom adjacent. This admissions and intake area is secured from the parking lot, as well as from the Title 36 Unit, with locking doors on either side. Medical equipment includes what is necessary to perform a medical clearance for intake, with laboratory services available, x-ray technology on site, and capacity for telehealth consultation services. Unless in exigent circumstances, where the transporting agency has concerns that warrant Emergency Department level of care, the receiving medical professional should be able to perform the necessary, common clearances, vital signs, and intake information. As with this entire facility, this area should be free from ligature points, potential self-injurious objects and weapons, and will be a critical point of security and risk assessment for each admission.

Laboratory Services. There is a laboratory on site, in order to process specimens rapidly. Currently, the healthcare provider in the jail utilizes a third-party off-site vendor to process specimens, and the laboratory could be housed in the new Criminal Justice Center if the volume of use will be greater and more convenient there. Access to a lab, however, is critical for UDS, Sexually Transmitted Infection (STI), pregnancy testing, and general monitoring of patients.

Pre-Petition Screening Area. Title 36 requires that pre-petition screening occur in the least restrictive setting, and a comfortable area adjacent to the medical intake area for the inpatient unit, allows for this decision-point function to occur. This area has individual seating with mobile workstations such that clinical staff can conduct screenings to determine whether the individual meets criteria for Title 36 or not. Title 36 also authorizes the detention of an individual for up to 24 hours without a court order, to complete an emergency screening on an inpatient basis, and the individual can be moved to the inpatient facility immediately if necessary. This service is attached to the Community Connections Center, and is likely to be licensed under the Outpatient Behavioral Health license. However, it is located in a secure area, adjacent to medical, inpatient, and the Connections Center.

Inpatient Unit. The Tile 36 Unit looks and operates like a hybrid Crisis Stabilization Unit (CSU) and forensic psychiatric unit. All of the patients are there involuntarily, and the unit is locked. In order to be admitted to the unit, it should always be remembered that the person must have a Mental Disorder, but must also be dangerous to self, dangerous to others, or be persistently impaired due to the condition. These individuals are in crisis, and their psychiatric emergency

needs to be managed with compassion. It is important to remember that this is not a correctional facility or a jail hospital, but rather a deflection effort from the criminal justice system, and it should look and feel like a hospital or treatment facility. The unit is designed with bedrooms on the perimeter, and a nursing station centrally located, with continuous line of site available into each bedroom. Natural light should be a priority in this facility, as should sound dampening, and climate control. Between the nursing station and the bedrooms is a shared patient common area, with tables and enough space for walking the floor, recognizing that many patients will want to pace, play games, move to more comfortable spaces, or exercise. Additionally, this space will need to include a small area for meal preparation. Food will be cooked at a central location on the campus of the Criminal Justice Center and the Collocated Facility, but will need to be prepared on-site.

Admission Room. The bedrooms closest to the nursing station, or alternatively the room with the best visibility, is a good place to house the highest-risk or highest-acuity patients. This room should be austere, with little in the way of amenities or loose object, to reduce risk of self-injury or violence. It should accommodate two patients but may frequently be used as a single room until an extreme crisis is resolved or a patient is fully assessed.

Bedrooms. Patient rooms should line the perimeter of the unit, with natural light available through bedroom windows, and with windows on the doors to conduct routine observations without disturbing patients to the greatest degree possible. Given the expected demand forecasted, with consideration for quantitative and qualitative trends and forces, there should be 12 beds on the initial unit, with expansion to 16 planned in the future if needed. This should be a combination of single and double-occupancy bedrooms, allowing for patient choice and clinical appropriateness to drive housing decisions.

Seclusion and Restraint. In the initial model of a 12-bed unit, there should be one room devoted to seclusion and restraint, which has nothing in the bedroom except one restraint bed, capable of providing four- or five-point restraint when that is the least restrictive environment to ensure safety. That room should be separated from the other bedrooms, and common area, by sight and sound if possible, and should be adjacent to the nursing station.

Nursing Station. The nursing station is centrally located with direct line of sight to all bedrooms. The nursing station provides workstations for all staff to complete documentation and electronic communication. It is designed to facilitate interdisciplinary collaboration and to protect patient privacy, and a clear barrier can effectively provide adequate safety and sight and sound separation. The nursing station can access the non-secure area of the facility and the outdoors without requiring staff to walk into the common area. Also attached to the nursing station is a unisex restroom, with a toilet and a sink. The nursing station has 4-6 workstations.

Medication Room. The medication room should be adjacent to the nursing station, accessible only from within the nursing station, in order to maximize security. The room contains counter space, locking cabinets, and a refrigerator, along with other standard components of a medication room. It should be certified to hold controlled substances, sharps, and any other medical supplies.

Staff break room. The staff lounge should be accessible only from the nursing station or the non-secure area and could service both areas of the facility if positioned properly. This area should include a kitchenette and comfortable seating with tables. Providing an easy access for lactation in this area, either by separating a section or creating an appropriate private space, is also recommended. Cabinets should be available for staff to store food and personal items, and

patients should never have access to this room. It seems logical to share this space with the non-secure Connections Center.

Psychiatric Office. The psychiatric office is located within the secure perimeter but outside of the common area and provides a professional and private space for psychiatrists, psychiatric nurse practitioners, physician's assistants, psychologists, or other healthcare professionals to conduct examinations of patients. This office should be equipped with a workstation and should be capable of providing telemedicine consultations. Natural light and separation from the unit by sight and sound, is important for this office, and confidentiality is critical.

Therapy Room. Attached to the common area is a classroom-style room, which can be used for group therapy, individual therapy, or for care coordination meetings. The room is large enough to hold a group session with up to 6 patients and a therapist and should include the technology necessary to run evidence-based programs. While one group room will likely prove sufficient for the initial phase, if the facility expands to 16 beds, a second group room would be recommended. This room requires confidentiality to protect patient privacy.

Restrooms. Two restrooms should be available for occupants and service users, both of which should include toilets and sinks, and one of which should include a shower. An additional staff restroom includes a toilet and a sink.

Patient Storage. Each patient must have a dedicated area for storage of personal property, which should be centrally located and easily accessible within the secure perimeter. Storage area should be large enough to hold minimal personal property for 16 patients, despite planning for 12 initially.

Supply Closet. This space will be used for storage of cleaning supplies, linens, and other non-medical equipment.

Access to Non-Secure Area. A vestibule links the secure and non-secure areas of the collocated facility to allow for staff to pass between the areas, and to facilitate discharge of patients through the Connections Center for care coordination and transportation.

Staffing Considerations

Specific staffing plans will be developed once the facility has determined how it will be licensed, who will be the accrediting body, and what model of administration and acuity will be followed. The foundational conversations have been occurring throughout this process, aided in no small part by licensing experts from local insurers. While a staffing plan will need to take into consideration information not yet available, there are certain considerations that will be needed regardless of that additional information:

- **Clinical Director (Psychiatrist):** This facility will require a dedicated psychiatric leader, who oversees all treatment administration, and is the responsible clinician of record for all clinical care in the facility. The Medical Director or a designee will need to be available 24 hours per day, 7 days per week, accessible by telephone or electronic communication to all clinical staff at the facility.
- **Nursing Administrator (RN or MSN):** This facility will require a nurse manager who oversee administrative operations, scheduling, compliance, and clinical supervision for nursing staff.

- **Nursing Staff:** Dedicated nursing staff will need to be on site 24 hours per day, 7 days per week, and cannot float between programs or facilities. For example, if the nurse is assigned to the inpatient unit, he or she may not also cover treatment in the Criminal Justice Center or another separately-licensed area or program. Each licensed space requires dedicated nursing 24/7.
- **Psychiatric Technicians/Mental Health Workers:** This unit will require psychiatric technicians to observe, monitor, and support patients on the unit. These individuals are capable of orienting new patients, providing therapeutic support, engaging patients in leisure activities, assisting with Activities of Daily Living (ADLs), and are trained in crisis intervention and the use of therapeutic holds and restraints when the least restrictive alternative to maintain safety.

Beneficiaries

While improving the effectiveness and efficiency of the Title 36 processes will be of paramount importance to the service users, aiding in the safe and timely intervention during a psychiatric crisis, there are secondary beneficiaries of these systemic improvements whenever process efficiencies are implemented.

✓ *Emergency Departments*

Emergency rooms across the country are plagued by super-utilizers of services, many of whom are exactly the same population who churn through the local justice system, and who are specifically targeted through nationwide Emergency Department diversion programs. Similarly, these individuals should be targeted by efforts at deflection from the justice system, the specific intent of Title 36 improvements. With the superordinate goal of providing necessary and effective screening and evaluation services, without burdening the Emergency Departments or the jail, neither of which was designed, built, or intended to treat this specific population, Emergency Departments will see a decrease in unnecessary traffic by this population. Not only should this be realized financially by the local hospitals but diverting this population from Emergency Departments also means creating safer environments of care, decreasing police presence, and creating greater efficiencies in care delivery for the hospitals.

✓ *Community Healthcare Providers*

With an estimated 15 re-entrants traveling through the Community Connections Center on an average day shift, with another 6 between evening and overnight shifts, the opportunity to ‘meet the consumer where they are’ is obvious. Because the Connections Center is a licensed outpatient healthcare facility, organizations will be able to submit for third-party reimbursement. Services could include behavioral health assessments, case management, community linkage, and potentially psychiatric evaluation. With space specifically reserved for this purpose at no cost to the service providers, organizations should feel incentivized to staff personnel and quickly engage new consumers with their services. Similarly, the Tile 36 population will require care coordination during their inpatient stays, as well as when screened as not meeting criteria for admission, or when exercising the choice to accept voluntary treatment. Providers staffing the Community Connections Center will be able to access this population to meet their needs quickly and effectively, providing their menus of services to include transfer to a voluntary inpatient

psychiatric facility, establishing a care plan at another level of care (i.e., outpatient, intensive outpatient, case management, etc.). Additionally, the provider will be able to consult with the treatment team at the Title 36 facility easily, given the adjacency of the Community Connections Center to the Title 36 facility.

- ✓ ***Yavapai County Sheriff's Office – Custody and Patrol***

Although public health and public safety are inextricably intertwined, correctional facilities in the United States have historically never been built with treatment as the primary focus. Rather, the facilities were designed for the safe and secure management of inmates, and programming has had to be retrofitted into the existing facility. With astronomical rates of SMI and addiction in jails, custody staff are overwhelmed by the needs of this special population, which requires disparate treatment and management relative to the general population. By improving the Title 36 processes, fewer individuals with SMI will be admitted to the jail, thereby reducing the number of inmates who require those level of services, present with unique risks for suicide and psychiatric decompensation, and who ultimately may need to remain in the facility due to incompetence to stand trial under Rule 11, governed by Arizona Revised Statutes Title 13 § 4503.

According to YCSO leadership, the Restoration to Competency (RTC) program can hold up to 20 incompetent defendants, and the county charges a fee to other counties to utilize this service. YCSO states that the program is almost always full[46], and frustration abounds when individuals are restored to competency, only to decompensate again prior to disposition of the case. Additionally, according to the Town Hall Report, Law Enforcement Agencies find that individuals who are unrestorably incompetent to stand trial are released with little in the way of meaningful care coordination, resulting in rapid recidivism for a population that simply cannot be prosecuted. Revising the Title 36 process will reduce the number of these individuals ever being booked into the jail and will deflect them into a civil process that prioritizes psychiatric stability and care coordination. Additionally, the RTC beds that are available can generate additional revenue from neighboring counties in need of restoration programming and beds. Lastly, it is very likely that the general jail population sees a reduction as a result of the efforts of the Connections Center, providing resources that are empirically shown to increase the likelihood of desistance from crime, helping re-entrants maintain safe and healthy lifestyles in the community, reducing the likelihood of recidivism, or at least increasing the time between incarcerations.

- ✓ ***Yavapai County Sheriff's Office – Correctional Healthcare***

The contracted provider of healthcare services in the jail can expect fewer patients with SMI to be admitted, a population that is demanding of services for the appropriate assessment and treatment of their conditions. Patients with SMI require substantial interdisciplinary healthcare support, are likely to have co-morbid medical concerns, are less likely to adhere with treatment regimens, and are very challenging to plan for discharge, especially when release dates are generally unknown in the pre-trial population. Additionally, as acuity increases so does risk for self-harm and suicide, a leading cause of death in jails across the country, and a significant source of exposure for liability on the part of the jail and the healthcare providers. By reducing the number of

[46] Working group closeout meeting 12/5/2019

inmate-patients with SMI, already scarce resources in the jail can be more efficiently and effectively allocated, as will be the case with improved connectivity for inmate-patients leaving the facility through the Community Connections Center.

Additionally, it could be possible for the current provider of jail-based healthcare services to staff and manage the Screening and Evaluation Center and the Community Connections Center, although it is recommended that multiple options be explored in this regard. One of the main drivers of this project is the centralization of resources, and the current provider does have an infrastructure in place and a network of nursing and prescribing staff, although this facility will require dedicated personnel. This should be a consideration as the administrative oversight committee explores the best model.

- ✓ ***Law Enforcement Agencies and Emergency Medical Services***

First responders have expressed tremendous frustration with the current Title 36 process and will be beneficiaries of a revised and improved procedure. By creating a central location for inpatient screening and evaluation, one that does not necessarily require medical clearance from the Emergency Department, and one that is on the grounds of the Criminal Justice Center complex, transportation requirements will be cut in half (i.e., only one transport, rather than a transport, waiting for medical clearance and screening, and another transport to a facility). Additionally, the collocation facility will provide a centralized location for police, conveniently in the same geographic location regardless of whether a detainee (arrestee or involuntary admission) is in the criminal or civil systems.

- ✓ ***Citizens in Behavioral Health Crises and Their Families***

By deflecting individuals SMI or in behavioral health crises from the justice system altogether, thereby eliminating the justice footprint for this vulnerable population, Yavapai County begins to reverse the decades-old phenomenon of criminalization of mental illness. Citizens with SMI may be appropriately placed in a treatment facility for evaluation, stabilization, and care coordination, returning to the community as quickly as possible, driven by treatment needs rather than criminal charges and dispositions. The Connections Center will afford a similar benefit to individuals with SMI and their families, along with all other re-entrants from the jail, by providing evidence-based screening, assessment, intakes, and linkages to treatment in the community, thereby assisting individuals in staying out of jail for longer periods of time, and increasing the likelihood of success and desistence from crime. For a population whose experience of psychological trauma is relatively ubiquitous, incarceration in and of itself can be triggering and further traumatizing, and deflection to a treatment facility allows for a trauma-informed approach to providing treatment that addresses clinical needs and reduces criminogenic risk.

- ✓ ***Courts***

  The court system in Yavapai County has been eagerly adopting recommendations and evolutions put forth by the various stakeholders. Problem-solving courts are highly respected in the county, and are expected to expand, and the Reach Out program has been applauded by the judiciary[47]. At each step of the criminal justice process, including initial appearances, EDC, arraignment, etc., judges are asked to make critical decisions about the fate of the defendant before them. The Reach Out program provides evidence-based input into the judicial decision-making process, identifying criminogenic risk factors, a process that often results in judges creating evidence-based conditions of pre-trial release. It is expected that utilization of these services will increase as a result of the collocation facility, and judges will be more confident that individuals will obtain the services needed because those services are provided on-site.

- ✓ ***Citizens of Yavapai County***

  Making these facilities and systemic improvements will improve efficiencies with respect to the treatment of the county's most vulnerable citizens. This is expected to improve public safety by meeting the needs of those committing crimes related to behavioral health crises, as well as representing an excellent example of data-driven decision making with respect to taxpayer dollars.

Licensure Considerations

The collocated facility will operate as a licensed healthcare facility, with multiple license types due to the continuum of care available to service users. The Community Connections Center is most likely appropriate for a license as a provider of Outpatient Behavioral Health Services, which allows for case management, counseling, transition planning, linkage to services, psychiatric evaluation and treatment, and pre-petition screening[48]. Services will include behavioral health intakes and assessments, as well as the provision of counseling/psychotherapy and psychiatric evaluation and treatment, all for the re-entering population, while providing a decision-point for clinicians to conduct pre-petition screening under Title 36. The Screening and Evaluation Center will need to be licensed as an inpatient sub-acute hospital setting[49], with regulations reviewed and followed as appropriate in the final design, construction, staffing, and operations of the facility.

From a licensure perspective, there must be a single point of contact between licensing bodies and representation for the collocated facility. Additionally, there will be important scheduling and management considerations for the space, ranging from billing to supplies, scheduling office space for the Community Connections Center, and maintaining licensure and accreditation, among many other administrative responsibilities. It will be necessary to establish a use agreement between any providers, and it is recommended that a steering group be formally identified to guide the direction of the facility, conduct performance improvement reviews, ensure best practices are being implemented, and remain accountable to the citizens of Yavapai County.

[47] Law enforcement and custody working group 12/3/2019
[48] Arizona Administrative Code R9-10-1023 Pre-Petition Screening
[49] Arizona Administrative Code R9-10-301 *et seq.*

The Yavapai Justice and Mental Health Coalition has assumed this role to date, and under impressive leadership it is a role for which they are well-suited and qualified.

Expansion Considerations

Yavapai County's population is expected to increase by 37% from 2010 to 2030, which result in an increase of over 78,000 residents,[50] a finding that informed the population forecasts included in this assessment and validation. Implementing the recommendations in this report will help to guide and inform the decision-making about potential expansion, but if the population continues to grow rapidly, the Screening and Evaluation Center could be expanded to include 4 additional beds, with a ceiling at 16 beds due to licensure logistics. It will be important to improve data collection methods on the Title 36 facility to better inform and guide utilization review and assess the need for expansion. Falcon experts estimate that the Connections Center can handle the traffic of the population growth, but if volume increases beyond those estimates, additional office space may be needed. Additionally, based on the success of the collocated facility, it is likely that the creation of a similar Connections Center at the Camp Verde location is a logical expansion of services across the county.

Conclusions and Validation

1. **Validation of target populations**: Having assessed the behavioral health and justice systems within Yavapai County, Falcon experts can validate that the collocated Community Connections Center and Screening and Evaluation Center is targeting two critical populations, which will have a direct impact on reducing the criminalization of mental illness and reducing risk of recidivism for re-entering citizens. Collocating these services on the grounds of the Criminal Justice Center, in a facility that is separate and distinct, is likely to prove effective in attaining the goals of reducing the population of serious mental illness in the jail, addressing criminogenic risk for re-entrants, reducing unnecessary utilization of healthcare and law enforcement resources, and ultimately saving taxpayer dollars.

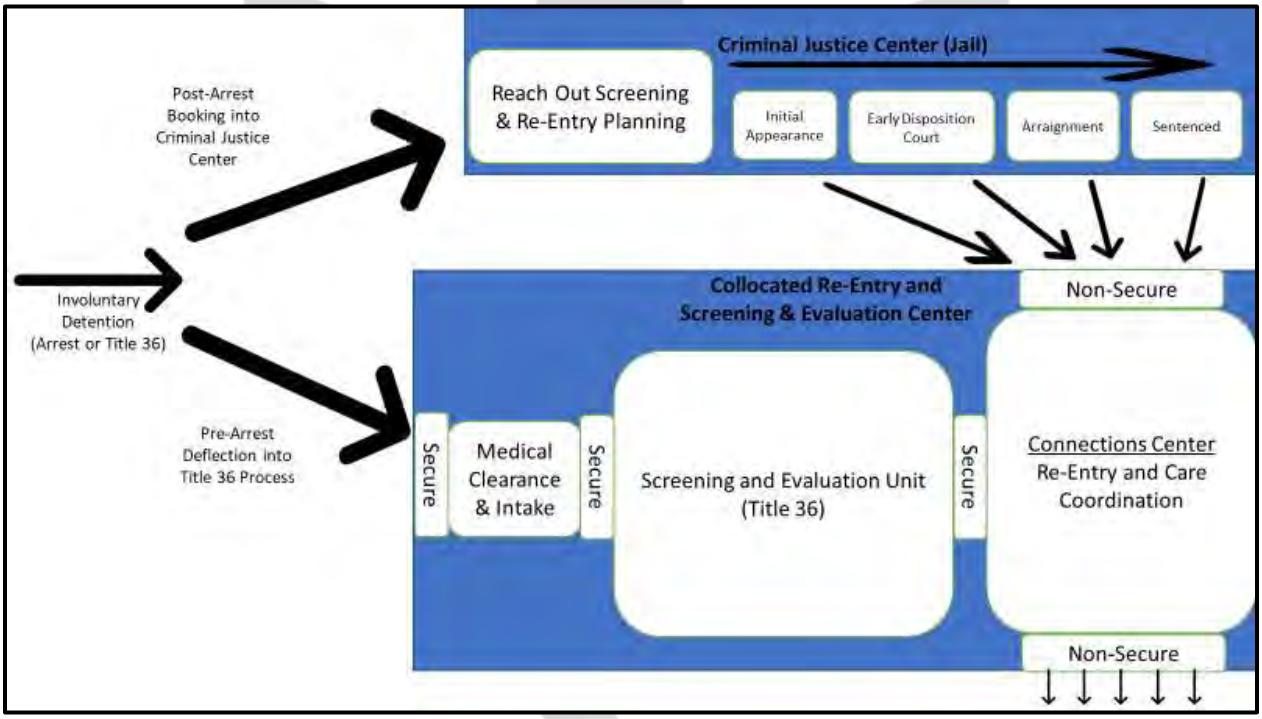
2. **Secure Screening and Evaluation Center (Title 36)**: Based on a review of the Kitchell preliminary validation, the secure area identified appears to be of an appropriate size to meet the needs of the Title 36 population. By eliminating the space proposed for recliners, which are inappropriate for this population and require significant resources to operate, a smaller area for pre-petition screening can be added, and additional bed space can be realized to bring the capacity to 12 individuals. It is recommended that the county consider potential future expansion to 16 beds, based on utilization.

3. **Community Connections Center**: With DOC release rates deliberately removed from run rate calculations to create a space allocation safety net, review of the Kitchell preliminary architectural space program for the non-secure area identified appears to be of minimal size to meet the needs of the re-entry population and the Community Connections Center. A slight expansion would allow for additional space for a larger law

[50] Yavapai County Jail Planning Services Volume I – System Assessment and Recommendations, March 2016. pp. 2-2.

enforcement working area, on-site laboratory, and additional space for offices or cubicles. While the footprint of the building appears feasible, the organization of offices within the space should be optimized to meet the purpose of the facility. Five to six small private offices, along with three to four cubicles or swing spaces, will be needed to meet the service delivery demands for re-entering citizens at peak operating times, inclusive of services provided by pre-trial supervision/probation, Reach Out, behavioral health homes, and ancillary social service providers. A shared conference room will be a critical component as a meeting space.

Proposed Adjacency and Flow Diagram



Proposed Revised Draft Space List

1/12/2020

Yavapai County
Collocated Re-Entry and
Screening & Evaluation Facility

KITCHELL
FALCON

Space No.	Component/Room	Number	Net Area	Total Area	Remarks
1.000	**Collocated Facility**				
	Non Secure				
1.100	Entry Vestibule	1	60	60	
1.101	Lobby / Waiting	1	150	150	
1.102	Toilet	2	55	110	
1.104	Reception	1	120	120	
1.105	Professional Office: HIPAA Compliant	6	100	600	
1.106	Pre-Petition Screening Lounge	1	200	200	
1.107	Cubicle	3	80	240	
1.108	Kitchenette/Staff Lounge	1	150	150	
1.109	Conference Room	1	200	200	
1.110	Janitor Closet	1	30	30	
1.111	Data Storage Room	1	40	40	Per Brandon: 5x8 is fine
1.112	Hall	1	0	0	In building grossing factor
	Secure				
1.113	Admission/Medical Exam/Transport Area	1	300	300	
1.114	Vestibule Between Secure and Non-Secure	1	60	60	
1.115	Admission Room - Double	1	150	150	
1.116	Patient Room - Double	4	150	600	Flexible for 12 Patients
1.117	Patient Room - Single	2	80	160	Flexible for 12 Patients
1.118	Nurse Station	1	200	200	
1.119	Medication	1	80	80	
1.120	Laboratory	1	120	120	May be used more by jail
1.122	Common Area	1	700	700	
1.123	Seclusion/Restraint	1	100	100	
1.124	Patient Toilet /Shower	1	80	80	
1.125	Patient Toilet	1	55	55	
1.126	Staff Toilet Room	1	55	55	
1.127	Psychiatric/Professional/Telemed Office	1	120	120	
1.128	Therapy Room	1	120	120	
1.129	Patient Storage	1	100	100	
1.130	Janitor Closet	1	50	50	
1.131	Hall	1		0	In building grossing factor
	Total Gross Square Footage			4,950	
	Building Grossing Factor	0.40		1,980	
	Total Gross Square Footage			6,930	

Yapapai County
Collocation - Draft
Preliminary Architectural Space Program

Additional Recommendations

While the purpose of this investigation by Falcon experts was to assess and validate the proposed collocated facility as it relates to populations, service delivery, and space, the county requested any additional recommendations that could help improve the behavioral health and justice system, based on findings and expertise. The following recommendations are respectfully offered in light of that request:

ADDITIONAL RECOMMENDATIONS

1. **Administrative oversight committee**: It is recommended that the county convene a committee of stakeholders to meet early and often regarding policies, procedures, programming, licensure, and business practices for this new facility. Many of the decisions about staffing are dependent upon decisions about licensing and accreditation (i.e., Joint Commission or Committee on the Accreditation of Rehabilitation Facilities [CARF]), and as occupancy is still years away, those decisions and contracts will need to be addressed on an ongoing basis. It is recommended that the group include representation from potential insurers, licensing bodies, behavioral health providers, and ultimately the organization who will provide oversite, accountability, and management of the facility. Currently, the Yavapai Justice and Mental Health Coalition is well-positioned to continue working in this capacity, as their impressive efforts have yielded considerable results already. It is recommended that a sub-committee or working group take the leadership role in this oversight function, and work in an advisory capacity to Yavapai County.

2. **Mobile screening**: It is recommended that the county develop a training module to certify and fund community-based screening under Title 36, such that behavioral health providers may obtain certification and conduct screenings without requiring the sole contracted provider of Title 36 services to travel, or for Law Enforcement Officers or Emergency Medical Services personnel to transport to an Emergency Department. In other jurisdictions, this is done through collaborations with the State Attorney's office and the behavioral health authority, developing a standardized training module to establish consistency both in clinical practice and in understanding of the Title 36 law.

3. **Medical capability**: It is recommended that the county prioritize the implementation of an admissions process into the Title 36 Screening and Evaluation facility, which is capable of

meeting the needs of typical presenting patients. Specifically, Urine Drug Screens (UDS) and other laboratory tests to assess for intoxication, rule out medical causes of psychiatric symptoms, assess for pregnancy, and test for Sexually Transmitted Infections (STI), should be available. Other common concerns include fractures and lacerations that might be addressed in this medical intake area as well.

4. **Bed space utilization**: While the forecast estimates the need for specific bed space in the Screening and Evaluation unit, any unused beds may be able to be filled by two potential streams. The Sheriff's Office describes frustration with inmates who are incompetent to stand trial, and who decompensate between the time their competency is restored and the date of their trial or disposition hearing. This population may benefit from receiving psychiatric services in an inpatient setting while awaiting trial or disposition. Additionally, other Arizona counties have similar struggles with the provision of Title 36 services, and it may be possible to contract with those counties to utilize any extra bed space to service those citizens.

5. **Staffing**: Currently the YCSO speaks very highly of the contracted provider of jail-based healthcare services, and states that the organization has expressed interest in partnering on this project. Given the centralization of resources, and the existence of infrastructure and personnel already in place, it is recommended that the administrative oversight committee consider consulting with that provider and other potential providers to develop a proposed structure for the provision of services in the collocated facility. It is recommended that the county require partnerships with local community-based providers, however, and that the contracted provider of healthcare services for the Screening and Evaluation unit be tasked with incorporating those community partners.

6. **Education and collaboration**: It is recommended that the county continue to organize regular updates on the Title 36 process, as well as on the design and building of the entire Criminal Justice Center and collocated facility. Currently, this is being done quarterly, and this effort should continue indefinitely. This will be especially important as any statutory changes to Title 36 are enacted, specifically if the definition of Mental Disorder evolves, and if multiple providers are exercising clinical judgment regarding 'screen-in' versus 'screen-out' decisions.

7. **Community engagement**: This facility is not intended for unannounced community utilization, and the public should be educated on the purpose of the facility, along with what other resources are available. All staff working in the collocated facility, however, should be trained on how to handle a walk-in, and citizens should not be turned away, but rather have their needs met and care coordinated with appropriate resources.

8. **Contracting consideration for Title 36**: Currently, the county contracts using a guaranteed capitated monthly payment model. Capitated payment structures like this can introduce ethical dilemmas into clinical processes when clinical decisions have direct financial consequences. The appearance of this potential conflict can be damaging to the reputation of such a critically important process, and it is recommended that the county

consider utilization a fee-for-service model as an insurer would for the voluntary population.

9. **Collaboration with neighboring counties**: Given the discrepancies between implementation of Title 36 between Arizona counties, it is recommended that Yavapai County routinely collaborate with other counties to share ideas about maximizing efficiency and effectiveness of the programs.

10. **Data collection**: It is recommended that the Sheriff's Office and its healthcare provider standardize procedures for tracking acuity levels and identified clinical/healthcare needs of the inmate population. This will allow for more efficient allocation of resources, development of appropriate programming, and better predictive analytics for the needs of the Connections Center in the future.

    It is also recommended that the county improve its ability to track and review utilization for the Title 36 provider, specifically creating a template that captures information on all screenings, including those 'screened-out' from the Court Ordered Evaluation admission process. The template should be standardized and easily manipulated to run studies for utilization review and performance improvement. Improved capture of diagnoses, length of involuntary stay, and more specific reason for not meeting statutory criteria, are areas that could benefit from improved tracking and monitoring, especially as statutory changes are enacted.

11. **Continued Study**: The model developed in Yavapai County is a best-practices model of deflection and re-entry linkages for those with behavioral health needs and/or who are justice-involved. It is recommended that the county study the impact of these interventions, both for internal Continuous Quality Improvement (CQI), and to share the knowledge and impact with other jurisdictions.

Appendices

APPENDIX A: DRAFT PRELIMINARY VALIDATION

Yavapai County
Colocation - Preliminary Architectural Space Program

Space No.	Component/Room	Number	Gross Area	Total Area	Remarks
1.000	Colocation Facility				
	Non Secure				
1.100	Entry Vestibule	1	60	60	
1.101	Lobby / Waiting	1	150	150	
1.102	Toilet	1	55	55	
1.103	Toilet/Shower	1	80	80	
1.104	Reception	1	120	120	
1.105	OTC Intake	2	120	240	
1.106	Office	3	100	300	
1.107	Law Enforcement Room	1	150	150	
1.108	Prep Kitchen	1	275	275	
1.109	Staff Restroom - Men	1	55	55	
1.110	Staff Restroom - Womens	1	55	55	
1.111	Janitor Closet	1	30	30	
1.112	Hall	1	425	425	
	Secure				
1.113	Entry Vestibule	1	60	60	
1.114	Vestibule Between Secure and Non-Secure	1	60	60	
1.115	Patient Room - Double	3	150	450	
1.116	Patiient Room - Single	2	80	160	
1.117	Nurse Station	2	200	400	
1.118	Medication	1	70	70	
1.119	Visitor/Group Room	1	120	120	
1.120	Observation Room	1	800	800	10 Observation Stations
1.121	Common Area	1	700	700	
1.122	Seclusion/Restraint	1	100	100	
1.123	Patient Toilet /Shower	1	80	80	
1.124	Staff Toilet Room	1	55	55	
1.125	Staff Lounge	1	150	150	
1.126	Office/Exam/Telemed	1	120	120	
1.127	Clean Linen/Clothing	1	100	100	
1.128	Laundry/Client Storage	1	100	100	
1.129	Janitor Closet	1	50	50	
1.130	Hall	1	150	150	
	Total Gross Square Footage			5,720	
	Building Grossing Factor	0.20		1,144	
	Total Gross Square Footage			6,864	

APPENDIX B: ATTENDEES FOR DEC19/JAN20 WORKING GROUPS AND MEETINGS

Name	Affiliation	Core Group	Camp Verde	Pronghorn	Gurley	LEO/Custody	CSU	Core Group	Coalition	Core Group	Initial Feedback	Licensing
Amy Ledesma	Pronghorn											
April Rhodes	Spectrum											
Becky Payne	Wexford Health											
Beya Thayer	MH & Justice Coal.											
Brandon Shoults	Yavapai Co.											
Brian Hunt	YCSO											
Bryan Gest	Terros											
Carole Freeman	YRMC											
Christine Hayes	SW BH											
David Rhodes	YCSO											
Debra Kendall	Probation											
Derek Ottersdorf	Reach Out											
Dominic Miller	SW BH											
Grey Billi	NAZCare											
Jack Fields	Yavapai Co.											
James Edelstein	Prescot Valley PD											
Jason Small	Prescot PD											
Jeane Wellins	Citizen											
Jeff Newnum	YCSO											
Jessi Hans	CCJ											
John Morris	Probation											
Kathy Bashoe	NAMI Yavapai											
Kathy Ryder	Probation											
Kenny Van Keuren	Yavapai Co.											
Kristin Hambrick	YCSO											
Laura Hartgroves	Steward											
Leslie Horton	YCCHS											
Matt Hepperie	Prescott Valley PD											
Penny Collins	Terros											
Rich Martin	YCSO											
Robin Spencer	Pronghorn											
Rolf Eckel	Courts											
Ron Ecker	Kitchell (Yavapai Co.)											
Sheriff Scott Mascher	YCSO											
Shawn Hatch	Spectrum											
Tamara Player	WYGC											
Victor Dartt	YCSO											

APPENDIX C: ALTERNATIVE TEST RUNS - FORECASTING WORKSPACE UTLIZATION

Test Run 1.

Variable Source	Numeric Value	Projected Monthly Shift Releases	Projected Daily Shift Releases	Number of Offices Required	Number of Cubicles Required
YCSO	688	1st = 482 2nd = 138 3rd = 68	1st = 16 2nd = 5 3rd = 3	1st = 7 2nd = 3 3rd = 3	1st = 3 2nd = 1 3rd = 1

*Running with 688 monthly bookings, the number of offices required exceeds the six proposed in the Kitchell Space Program. However, with 90.2% of bookings actually "touched" by Reach Out, only 622 bookings would be offered a screening. If all 622 touched bookings consented to a screening, space is still validated.

Test Run 2.

Variable Source	Numeric Value	Projected Monthly Shift Releases	Projected Daily Shift Releases	Number of Offices Required	Number of Cubicles Required
Falcon's Aggregated Average Monthly Bookings	**571** [90.2% of 633]	1st = 400 2nd = 114 3rd = 57	1st = 13 2nd = 4 3rd = 2	1st = 6 2nd = 3 3rd = 3	1st = 3 2nd = 1 3rd = 1

*Running with 571 touched bookings per month, Kitchell Space Program is validated.

Test Run 3.

Variable Source		Numeric Value	Projected Monthly Shift Releases	Projected Daily Shift Releases	Number of Offices Required	Number of Cubicles Required
Falcon's Aggregated Average Monthly Bookings		**405** [90.2% of 633 = 571; 71% of 571 = 405]	1st = 284 2nd = 81 3rd = 41	1st = 9 2nd = 3 3rd = 1	1st = 5 2nd = 3 3rd = 3	1st = 2 2nd = 1 3rd = 1

Test Run 4.

Variable Source	Numeric Value	Projected Monthly Shift Releases	Projected Daily Shift Releases	Number of Offices Required	Number of Cubicles Required
Falcon's Aggregated Average Monthly Bookings	**223** [90.2% of 633 = 571; 71% of 571 = 405; 55% of 405 = 223]	1st = 156 2nd = 45 3rd = 22	1st = 5 2nd = 2 3rd = 1	1st = 3 2nd = 3 3rd = 3	1st = 1 2nd = 1 3rd = 1

*Running with 71% of the 571 touched bookings consenting to a screening and 55% of those identifying at least one risk factor, thus requiring entry into the Community Connections Center, the Kitchell Space Program is validated. This test run resulted in a significant surplus of office and cubicle space.

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