

**Criminal Justice Sequential Intercept Mapping and Summit
2014
Miami-Dade County
Community Blueprint
Final Report**

Introduction

The South Florida Behavioral Health Network (SFBHN), in collaboration with the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), was awarded a planning grant from the Health Foundation of South Florida (HFSF) to convene a two-day, Criminal Justice/Mental Health Mapping and Summit. The event was held on September 10 and 11, 2014 and was attended by a broad array of community leaders and stakeholders that were concerned about individuals with serious mental illnesses and co-occurring substance use disorders involved in, or at risk of becoming involved in, the criminal justice system. The Summit was designed to identify current strengths, weaknesses and areas of unmet need across the community, and to develop comprehensive recommendations for system improvements. This final report to the community, hopes to serve as a community blueprint for effectively responding to people with behavioral health needs that come into contact with the justice system. The report will include the identified community priorities and recommendations that will serve to inform and drive policy and legislation.

Need

People with serious mental illnesses (SMI) who become involved in the justice system demonstrate substantial disparities in access to community-based treatment services. Patterns of service utilization reveal disproportionate use of crisis and acute care services, with limited and inconsistent access to prevention and routine care. Roughly three-quarters of these individuals also experience co-occurring substance use disorders, which increase the likelihood of justice system involvement. In addition, people with SMI in the justice system are more likely than the general population to experience co-morbid physical health conditions. Taken together, these disparities contribute to substantial functional impairment and adverse health outcomes. In addition to lost productivity and difficulty functioning in the community, people with SMI have life expectancies that are, on average, 25 years shorter than the general population.

Unfortunately, services typically available in the community tend to be insufficient in scope and intensity to address the complex needs of individuals with the most severe and persistent forms of mental illnesses, and who are at highest risk for justice system and other institutional involvement. Furthermore, few if any services available in the community incorporate cognitive based treatments to address criminogenic needs and risk factors that have been shown to be among the strongest predictors of justice system involvement.

As a result, jails have become places where a disproportionate number of people with SMI and co-occurring substance use disorders spend significant amounts of time; their ties to the community severed, their treatment needs unmet, and their illnesses made worse. On average, people with mental illnesses remain incarcerated four to eight times longer than people without mental illnesses arrested for the exact same charge, at a cost seven times higher. With little

treatment available, many individuals cycle through the system for the majority of their adult lives.

Upon release, many individuals have no access to the types of services and supports necessary to facilitate adaptive community re-entry and reintegration. In addition, because services currently available in the community tend to be highly fragmented and difficult to access, many individuals fall through the cracks without ever receiving the assistance they need. The result is high rates of recidivism to the criminal justice system, compromised public health and public safety, chronic homelessness, and disproportionate use of high cost and inefficient acute care services.

An analysis by the Louis de la Parte Florida Mental Health Institute at the University of South Florida found that over a five year period 97 individuals with serious mental illnesses in Miami-Dade County identified as "heavy users" of acute care and institutional services accounted for 2,200 jail bookings, 27,000 jail days, and 13,000 days in crisis units, state hospitals, and emergency rooms. The cost to taxpayers was conservatively estimated at \$13 million.

The Miami-Dade County jail currently serves as the largest psychiatric institution in Florida and contains nearly as many beds serving inmates with mental illnesses as all state civil and forensic mental health treatment facilities combined. On any given day, the jail houses approximately 2,300 individuals requiring psychiatric treatment while incarcerated. The cost to taxpayers is roughly \$150 million annually, more than \$400,000 per day. Additional costs to the county, the state, and taxpayers result from crime and associated threats to public safety; civil actions brought against the county and state resulting from injuries or deaths involving people with mental illnesses; injuries to law enforcement and correctional officers; ballooning court case loads involving defendants with mental illnesses; and uncompensated emergency room and medical care.

System Mapping and Summit

National experts, Patty Griffin, PhD., Hank Steadman, PhD. and Dan Abreu MS, CRC, LMHC from Policy Research Associates were retained to provide technical assistance with the planning process and facilitation at the summit. The strategy for mapping strengths, weaknesses and areas of unmet needs within the community was guided by use of the Sequential Intercept Model (SIM). This model was developed in 2006 by the National GAINS Center as a conceptual framework to assist communities in examining the interface between the criminal justice and mental health systems, with the goal of minimizing unnecessary involvement of people with mental illnesses in the justice system. The SIM organizes justice system involvement along five key points, or intercepts, where there are opportunities to divert individuals from further penetrating into the system:

1. Law enforcement and emergency services
2. Post-arrest: initial detention and initial hearings
3. Post-initial hearings: jail, courts, forensic evaluations, and forensic commitments
4. Re-entry from jails, state prisons, and forensic hospitalization
5. Community corrections and community support

The goal is to divert individuals as early as possible in the criminal justice process, with the hope that providing appropriate treatment and supports will decrease the numbers of people at each subsequent point.

The first day was designed to involve key stakeholders to complete a comprehensive mapping of current resources and infrastructure across the community. It involved stakeholders in an open discussion that allowed participants to view the system in its entirety instead of the individual parts. System strengths as well as priorities for system improvements were identified.

The second day of the Summit was designed to convene community leaders and policy makers to the advance the planning process. Dr. Steadman provided the following overview of the SIM mapping and priorities identified:

1. Develop a data sharing collaborative
2. Develop a Central Receiving Facility for Crisis Intervention Team (CIT) trained law enforcement officers
3. Improve on-going cross-system communication and collaboration
4. Identify small number of specialty/quality providers to serve individuals involved in the criminal justice system
5. Provide the Essential Elements of treatment and services to include:
 - a. Forensic intensive case management
 - b. Supportive housing
 - c. Peer support
 - d. Accessible and appropriate medication management
 - e. Integrated dual diagnosis treatment for co-occurring substance use disorders
 - f. Supported employment
 - g. Assertive Community Treatment (ACT)/Forensic Assertive Community Treatment (FACT)
 - h. Cognitive Behavioral Treatment (CBT) targeted to risk factors
6. Enhanced funding for the target population
7. Streamline access to treatment and services

Workgroup Recommendations:

Workgroups were established and convened to continue the process and develop recommendations that will serve as a community blueprint for effectively responding to people with behavioral health needs who come into contact with the justice system. There were four workgroups: Pre-Booking- CIT/ Law Enforcement, Post Booking, Re-entry programs, and the Mental Health Diversion Facility.

I. Intercept 1 Law Enforcement/ Emergency Services

1. Police departments throughout Miami-Dade County will participate in CIT Training
2. Police departments will assign CIT Liaison(s) from each department
3. Police departments will track CIT calls and develop a CIT data collection report
4. Police departments will attend quarterly CIT Advisory meetings that will serve as a conduit for communication between police and community stakeholders
5. CIT Advisory Committee to develop subcommittees to address improved communication and identified ongoing concerns:
 - a. Homeless Population
 - Emergency shelter and utilization of beds for the homeless population are severely limited. Capacity should be increased to serve all county municipalities.
 - b. Veterans
 - Collaborate with the VA and veterans' organizations to address emerging issues
 - c. Community Education
 - Baker Act/Marchman Act
 - Family Interactions
 - d. Assisted Living Facilities (ALF)
 - ALF (state mandated) 8-hour training should be expanded to include additional training on de-escalation techniques
 - e. Operations
 - Address current and emerging systems issues, e.g. better communication between treatment providers and law enforcement agencies regarding high risk/high need individuals, develop MOUs between treatment providers and law enforcement agencies to facilitate more efficient transfer of CIT and Baker Act related treatment initiations

Accomplishments to Date

1. *There are 36 police departments that are active in CIT, and more than 4,600 officers countywide have received training*
2. *Active police departments have assigned CIT liaisons*
3. *The Miami-Dade Police Department, City of Miami Police Department, and Miami Beach Police Department are actively collecting CIT data.*
4. *All active police departments send liaisons to quarterly CIT Advisory meetings*
5. *CIT Advisory Committee has developed subcommittees as outlined above*

II. Intercept 2 Initial Detention/Initial Court Hearings

1. Improve identification and screening of defendants with mental health and co-occurring mental health and substance use disorders in jail or at initial court hearing

Accomplishments to Date

1. *Jackson Health System-Corrections Health System (CHS) implemented a comprehensive medical assessment at booking*
2. *The court having cause to believe a defendant may be in need of psychiatric treatment may request a Jail Diversion Assessment Order, which will trigger a*

process for the defendant to be evaluated by CHS and the Jail Diversion Program team.

III. Intercept 3- Jails and Courts

1. Improved cross-system collaboration and communication among all criminal justice and behavioral health stakeholders including but not limited to; Corrections Health Services, Miami-Dade Corrections and Rehabilitation, the Public Defenders Office, the State Attorney's Office, the Administrative Office of the Courts, and the South Florida Behavioral Health Network
 - a. Revise and Implement new Behavioral Health/Criminal Justice Cooperative Agreement
 - b. Develop a data sharing network to improve effectiveness and efficiency of operations across system stakeholders
 - c. Regular meetings to promote collaboration among stakeholders that will identify operational issues
2. Jackson Correctional Health Services agrees to coordinate with the CMHP to facilitate post-booking assessment that identify in-custody offenders who are experiencing mental health related difficulties for the purposes of appropriate treatment interventions in the community

Accomplishments to Date

1. *A new Behavioral Health/Criminal Justice Cooperative Statement 2015 was developed and signed by stakeholders by Miami-Dade County and community stakeholders. The document was presented and signed at the Stepping-Up Initiative Press Conference in May 2015. The Stepping-Up Initiative is a nationwide effort to reduce the over-representation of individuals with mental illnesses in the criminal justice system. Miami-Dade County passed a resolution committing to key actions to address this issue that will institute system-wide change.*



2. *Data Sharing Network is being developed by the SFBHN and meetings have been convened with community stakeholders.*

IV. Intercept 4- Community Reentry

1. Centralized coordination of resources to streamline and address reentry needs for all priority groups including:
 - a. Jail Diversion Program
 - b. County jails
 - c. State prisons
 - d. State and county probation
 - e. Civil and forensic state treatment facilities
 - f. Develop and distribute a directory of resources for community stakeholders
2. Identify small number of specialty/quality providers for CJ/MH clients that can provide quality evidence-based treatment and services and serve as a step down into the community which will include housing, access to primary and psychiatric treatment, medication, assistance with application to benefits
 - a. Training regarding risk and need assessment tools
 - b. Training regarding evidence-based treatment including cognitive behavioral therapy designed for the target population
 - c. Expand supportive housing capacity to meet the demand
 - d. Develop selected ALF's to provide enhanced support and specialized services to targeted population
 - e. Enhanced utilization management and review of existing residential treatment to ensure that most vulnerable clients are receiving necessary treatment and supportive services
 - f. Explore elder population issues
3. Develop a data sharing network to improve effectiveness and efficiency of operations across system stakeholders
4. Mental Health Diversion Facility (MHDF)
 - a. Collect input from community stakeholders, i.e. community-based treatment providers, social services agencies, the Department of Corrections and Rehabilitation, and the courts
 - b. Identify essential programs and services which will provide a full continuum of care designed to assist individuals with mental illnesses, diverted from the criminal justice system with adaptive community re-entry
 - c. Begin the process of planning to renovate/retrofit the facility

Accomplishments to Date

1. *SFBHN has received additional funding from the State of Florida that is being directed to enhance services for individuals with criminogenic risk factors and needs. Three specialty providers have been identified that will provide residential treatment, case management, medical and outpatient services. Services began in January 2016.*
2. *State funding has been made available to SFBHN to provide additional treatment and services including integrated behavioral health and primary care.*

3. *SFBHN has developed a standardized behavioral health assessment tool that will be utilized by all contracted behavioral health treatment providers throughout Miami-Dade and Monroe Counties.*
4. *A stakeholder group has been convened to address training regarding Criminogenic Risk and Need Assessment tools. The group included SFBHN, CMHP, The Advocate Program, The State of Florida Department of Corrections, Miami-Dade Department of Rehabilitation and Corrections and the Miami-Dade Department of Health and Human Services. The group agreed to utilize the Ohio Risk Assessment System and training was held December 2015. The group has agreed to collecting information regarding use of the tool as well as continued stakeholder meetings to address common issues of concern.*
5. *Design work has been completed for the renovation of a former state forensic treatment facility that will be used as a new mental health diversion facility. The development of construction documents will begin shortly.*

V. Intercept 5- Community Corrections/ Community Support

1. Florida Department of Corrections attended the Sequential Intercept Mapping and Summit and specialized probation for mental health defendants was discussed. An on-going discussion and plan on how to effectively serve this population needs to be explored.

Summary

The Miami-Dade County Sequential Intercept Mapping (SIM) and Summit was instrumental in achieving community consensus regarding the need to address the over-representation of individuals with serious mental illness and co-occurring substance use disorders, many of whom are homeless and have histories of trauma, that are involved in the criminal justice system. The two day exercise helped to identify system gaps as well as the goals and objectives necessary to take action steps toward system transformation. It was noted that stakeholders worked within separate silos and were unaware of challenges that were encountered at each intercept across all systems of care.

As a result of the SIM and Summit, cross-system collaboration and coordination of integrated services will result in more efficient and effective services and increased public safety and quality of life for all community residents. Continued efforts toward goals and objectives are on-going in established community initiatives and committees, e.g., CIT Advisory Committee, Dade-Miami Criminal Justice Council – Public Safety Coordinating Council Committee, the Statewide Consumer Network, NAMI of Miami, The Stepping-Up Initiative, The South Florida Behavioral Health Network Stakeholders and Strategic Planning Committee, and The Miami-Dade County Homeless Trust Stakeholders Council.

Miami-Dade County believes that system transformation is possible when communities take action by establishing cross-system partnerships that include consumers and other professionals at all levels of decision making.