I. SUMMARY

The purpose of the Mental Health Diversion Facility is to create a comprehensive and coordinated system of care for individuals with serious mental illnesses who are frequent and costly recidivists to the criminal justice system, homeless continuum of care, and acute care medical and mental health treatment systems.

With capital funding from a voter-approved general obligation bond, the mental health diversion facility will be housed in a former state psychiatric hospital that was leased to the county. Plans for renovating the facility are currently being finalized, and it is anticipated that construction will begin in early 2017. It is anticipated the facility will be operational within the next 18 to 24 months.

When completed, the facility will house a comprehensive array of treatment and support services including screening and assessment, crisis stabilization and detox services, various levels of residential treatment, substance use and trauma-related treatment services, outpatient behavioral health and primary care treatment, crisis respite services, and employment/vocational training services. The facility will also include space for the courts and
social service agencies, such as housing providers, legal services, and immigration services that will address the comprehensive needs of individuals served.

By housing a comprehensive array of services and supports in one location, and providing re-entry assistance upon discharge to the community, it is anticipated that many of the barriers and obstacles to navigating traditional community mental health and social services will be eliminated. The services planned for the facility will address critical treatment needs that have gone unmet in the past and reduce the likelihood of recidivism to the justice system, crisis settings, and homelessness in the future.

II. BACKGROUND

Prevalence of Serious Mental Illnesses among the General Population:

- Miami-Dade County is home to the largest percentage of people with serious mental illnesses of any urban community in the United States.

- It has been estimated that 9.1% of the population (192,000 adults) experience serious mental illnesses, yet only 1% (24,000) receive treatment in the state funded community mental health system.

- Rates of serious mental illnesses are two to three times the national average in Miami-Dade County, however per capita state spending for community-based treatment ranks 49th nationally among all states and the District of Columbia.

- Individuals unable to access treatment in the community are at increased risk of becoming involved in the criminal justice system.

Miami-Dade Corrections and Rehabilitation Department:

- Nearly 11,000 jail bookings per year involve people with serious mental illnesses who require treatment while in custody.

- On any given day, approximately 1,400 of the 4,600 (30%) individuals detained in county jail facilities receive psychiatric medications.

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3 Based on an average of 174.4 jail bookings per day between June 1, 2015 and May 31, 2016, resulting in roughly 64,000 bookings annually; and an estimated prevalence of serious mental illnesses among jail detainees of 16.9% as reported by Steadman and colleagues (2009): https://opendata.miamidade.gov/Corrections/Jail-Bookings-Rolled-up-By-Day/91c6-3y4m http://ps.psychiatryonline.org/doi/abs/10.1176/ps.2009.60.6.761
• The county jail serves as the largest psychiatric institution in Florida housing more than half as many individuals with mental illnesses as all state psychiatric hospitals combined.5

• The estimated county taxpayer cost to house people with mental illnesses in jail is $250,000 per day, or $90 million annually.6

Impact of Recidivism – 97 Heavy Users:

Analysis by the Louis de la Parte Florida Mental Health Institute at the University of South Florida examined patterns of arrest and inpatient treatment among 97 “heavy users” of acute care and institutional services in Miami-Dade County. Most individuals were homeless and most were diagnosed with schizophrenia. Over a five-year period, these individuals accounted for:

• 2,200 county jail bookings.
• 27,000 days in county jail.
• 13,000 days in crisis units, hospitals, and emergency rooms.
• Each “heavy user” was booked into the county jail, on average, 4.5 times per year, and spent nearly a quarter of each year incarcerated or in other institutional settings.
• The cost to taxpayers for these services is conservatively estimated at $13.7 million with little impact on reducing recidivism and virtually no return on investment.

<table>
<thead>
<tr>
<th>Miami-Dade County: Heavy User Data Analysis</th>
<th>Total events over 5 years</th>
<th>Average per individual</th>
<th>Average per diem cost</th>
<th>Estimated total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests</td>
<td>2,172</td>
<td>22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jail days</td>
<td>26,640</td>
<td>275</td>
<td>$178</td>
<td>$4.7 million</td>
</tr>
<tr>
<td>Baker Act initiations</td>
<td>710</td>
<td>8.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inpatient psychiatric days</td>
<td>7,000</td>
<td>72</td>
<td>$291</td>
<td>$2 million</td>
</tr>
<tr>
<td>State hospital days</td>
<td>3,200</td>
<td>33</td>
<td>$331</td>
<td>$1 million</td>
</tr>
<tr>
<td>Emergency room days</td>
<td>2,600</td>
<td>27</td>
<td>$2,338</td>
<td>$6 million</td>
</tr>
<tr>
<td><strong>Total jail, inpatient, hosp, &amp; ER days</strong></td>
<td><strong>39,440</strong></td>
<td><strong>407</strong></td>
<td>-</td>
<td><strong>$13.7 million</strong></td>
</tr>
</tbody>
</table>

NOTE: Number of events reported is based on information available in state and county archival databases. Due to incomplete reporting, actual utilization rates and costs are likely higher.

4 Number of individuals receiving medication is based on information provided by MDCR. Total number of individuals in jail facilities is based on average daily population over the last 180 days reported in MDCR Daily Jail Population Statistics:

5 According to the Department of Children and Families, there are approximately 1,500 civil beds and 1,100 forensic beds divided among 7 state funded treatment facilities, for a total of 2,600 state hospital beds:
http://www.dcf.state.fl.us/admin/publications/docs/quickfacts.pdf

6 Estimates are based on approximately 1,400 inmates receiving daily psychotropic medications multiplied by an average daily cost per individual of $178 ($325 million annual operating budget + average daily population (ADP) of 5,000 inmates – ADP includes both in- and out-of-facilities populations):
III. PROJECT OVERVIEW

A. **Target Population:** Adults with serious mental illnesses who have histories of repeated involvement in the justice, acute care treatment, and/or homeless systems; and who are:

- Involved in, or at risk of becoming involved in, the justice system.
- Diverted from the county jail either pre-booking (by law enforcement) or post-booking (by the courts).
- Assessed to be at moderate to high risk of future recidivism to the justice system and institutional settings.
- Screened to ensure they do not have significant histories of violence and are not likely to pose public safety concerns.

B. **Services to Be Provided:** The Facility will house a comprehensive array of treatment and support services including:

- Central-receiving center designated specifically for law enforcement and fire-rescue.
- Screening and assessment to identify individual risk factors and needs.
- Integrated adult crisis stabilization unit and addiction receiving facility.
- Various levels of residential treatment.
- Outpatient behavioral health and primary care treatment.
- Day treatment and day activity programs.
• Crisis respite services.
• Employment/vocational training services.
• Treatment for co-occurring substance use and trauma-related disorders.
• Expedited access to state and federal entitlement benefits.
• Community re-entry support services to assist individuals with linkages to basic needs after discharge, including ongoing treatment, housing, medications, clothing, and food.
• The Facility will also provide space for the courts and social service agencies (e.g., housing providers, legal services, and immigration services) that will address the comprehensive needs of individuals served.

C. Service Capacity: Estimated number of individuals to be served based on total bed capacity and anticipated length of stay:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Assessment</th>
<th>CSU</th>
<th>SRT</th>
<th>RTF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds (daily capacity)</td>
<td>-</td>
<td>40</td>
<td>120</td>
<td>48</td>
<td>208</td>
</tr>
<tr>
<td>Est. length of stay (days)</td>
<td>-</td>
<td>5</td>
<td>90</td>
<td>180</td>
<td>275</td>
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<tr>
<td>Total annual bed-days</td>
<td>-</td>
<td>14,600</td>
<td>43,800</td>
<td>17,520</td>
<td>75,920</td>
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<tr>
<td>Daily admission capacity</td>
<td>20</td>
<td>8</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Weekly admissions</td>
<td>140</td>
<td>56</td>
<td>9</td>
<td>2</td>
<td>-</td>
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<tr>
<td>Monthly admissions</td>
<td>600</td>
<td>243</td>
<td>41</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Annual admissions</td>
<td>7,300</td>
<td>2,920</td>
<td>487</td>
<td>97</td>
<td>-</td>
</tr>
</tbody>
</table>

NOTE: CSU = Crisis Stabilization Unit; SRT = Short-Term Residential Treatment (locked units); RTF = Residential Treatment Facility