

## ELEVENTH JUDICIAL CIRCUIT CRIMINAL MENTAL HEALTH PROJECT

**PROBLEM STATEMENT:** Every day, in every community in the United States, law enforcement agencies, courts, and correctional institutions are witness to a parade of misery brought on by untreated or under-treated mental illnesses. Last year, roughly 2.2 million admissions to local jails in the United States involved people with SMI. Roughly, three-quarters of these individuals also experience co-occurring substance use disorders which increase their likelihood of becoming involved in the justice system. On any given day, there are 750,000 people with mental illnesses incarcerated in jails and prisons across the United States and 1.25 million people with mental illnesses are on probation in the community. It is estimated that there are nearly 14 times as many people with mental illnesses in jails and prisons in the United States as there are in all state psychiatric hospitals combined.

Although these national statistics are alarming, the problem is even more acute in Miami-Dade County which is home to the largest percentage of people with SMI of any urban community in the United States. Roughly 9.1% of the population in Miami-Dade County (175,000 adults) experiences SMI, yet only 1% of the population (24,000 adults) receives treatment in the public mental health system. As a result, police officers have increasingly become the first, and often only, responders to people in crisis due to untreated mental illnesses. Too often, these encounters result in the arrest and incarceration of individuals for criminal offenses that are directly related to individuals' psychiatric symptoms or life-health contexts (e.g., homelessness, addiction, poverty).

The Miami-Dade County jail currently serves as the largest psychiatric institution in Florida and contains nearly half as many beds serving inmates with mental illnesses as all state civil and forensic mental health hospitals combined. Of the roughly 85,000 bookings into the jail last year, approximately 17,000 involved people with mental illnesses requiring intensive psychiatric treatment while incarcerated. On any given day, the jail houses approximately 1,400 individuals receiving psychotherapeutic medications, and costs taxpayers roughly \$80 million annually or \$220,000 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.

On average, people with mental illnesses remain incarcerated 4-8 times longer than people without mental illnesses arrested for the exact same charge, at a cost 7 times higher. With little treatment available, many individuals cycle through the system for the majority of their adult lives.

### **Pre-Booking Jail Diversion Program**

**PROGRAM:** The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) has embraced and promoted the **Crisis Intervention Team (CIT)** training model developed in Memphis, Tennessee in the late 1980's. Known as the *Memphis Model*, the purpose of CIT training is to set a standard of excellence for law enforcement officers with respect to treatment of individuals with mental illnesses. CIT officers perform regular duty assignment as patrol officers, but are also trained to respond to calls involving mental health crises. Officers receive 40 hours of specialized training in psychiatric diagnoses, suicide intervention, substance abuse issues, behavioral de-escalation techniques, the role of the family in the care of a person with mental illness, mental health and substance abuse laws, and local resources for those in crisis.

The training is designed to educate and prepare officers to recognize the signs and symptoms of mental illnesses, and to respond more effectively and appropriately to individuals in crisis. Because police officers are often first responders to mental health emergencies, it is essential that they know how mental illnesses can impact the behaviors and perceptions of individuals. CIT officers are skilled at de-escalating crises involving people with mental illnesses, while bringing an element of understanding and compassion to these difficult situations. When appropriate, individuals in crisis are assisted in accessing treatment facilities in lieu of being arrested and taken to jail.

**OUTCOMES:** To date, the CMHP has provided CIT training to roughly 4,600 law enforcement officers from all 36 local municipalities in Miami-Dade County, as well as Miami-Dade Public Schools and the Department of Corrections and Rehabilitation. Countywide, CIT officers are estimated to respond to 16,000-19,000 mental health crisis calls per year. Last year alone, CIT officers from the Miami-Dade Police Department and City of Miami Police Department responded to more than 10,000 calls, resulting in nearly 1,900 diversions to crisis units and just 24 arrests. Over the past four years, these two agencies have responded to nearly 49,000 mental health crisis calls resulting in 10,700 diversions to crisis units and just over 100 arrests.

### City of Miami and Miami-Dade Police Departments Annual CIT Calls

|            | 2010          | 2011          | 2012          | 2013          | 2014          | Total          |
|------------|---------------|---------------|---------------|---------------|---------------|----------------|
| CIT Calls  | 8,020         | 9,756         | 9,225         | 10,626        | 11,042        | 48,669         |
| Diversions | 1,940 (24.2%) | 3,563 (36.5%) | 2,118 (23.0%) | 1,215 (11.4%) | 1,871 (16.9%) | 10,708 (22.0%) |
| Arrests    | 4 (0.0%)      | 45 (0.5%)     | 27 (0.3%)     | 9 (0.1%)      | 24 (0.2%)     | 109 (0.2%)     |

**FISCAL IMPACT:** As a result of CIT, the average daily census in the county jail system has dropped from 7,200 to 4,400 inmates (39% reduction), and **the county has closed one entire jail facility at a cost-savings to taxpayers of \$12 million per year.** Across all law enforcement agencies in the county, it is estimated that CIT results in approximately 3,757 fewer jail bookings of people with serious mental illnesses annually. With an average length of stay of 29.2 days per booking at a cost of \$156 per bed/day, this reduction in jail admissions results in **109,704 fewer inmate jail days (300 years) annually and a cost avoidance of over \$17 million per year.**

### Post-Booking Jail Diversion Program

The CMHP was originally established in 2000 to divert nonviolent misdemeanor defendants with SMI and possible co-occurring substance use disorders, from the criminal justice system into community-based treatment and support services. In 2008, the program was expanded to serve defendants that have been arrested for less serious felonies and other charges as determined appropriate. Post-booking jail diversion programs operated by the CMHP serve approximately 500 individuals with serious mental illnesses annually. Over the past decade, these programs have facilitated roughly 4,000 diversions of defendants with mental illnesses from the county jail into community-based treatment and support services.

**MISDEMEANOR JAIL DIVERSION PROGRAM:** All defendants booked into the jail are screened for signs and symptoms of mental illnesses by correctional officers. Individuals charged with misdemeanors who meet program admission criteria are transferred from the jail to a community-based crisis stabilization unit within 24 to 48 hours of booking. Upon stabilization, legal charges may be dismissed or modified in accordance with treatment engagement. Individuals who agree to services are assisted with linkages to a comprehensive array of community-based treatment, support, and housing services that are essential for successful community re-entry and recovery outcomes. Program participants are monitored by CMHP for up to one year following community re-entry to ensure ongoing linkage to necessary supports and services. The vast majority of participants (75-80%) in the misdemeanor diversion program are homeless at the time of arrest and tend to be among the most severely psychiatrically impaired individuals served by the CMHP.

**OUTCOMES:** The misdemeanor diversion program receives approximately 300 referrals annually. **Recidivism rates among program participants has decreased from roughly 75 percent to 20 percent annually.**

**FELONY JAIL DIVERSION PROGRAM:** Participants in the felony jail diversion program are referred to the CMHP through a number of sources including the Public Defender's Office, the State Attorney's Office, private attorneys, judges, corrections health services, and family members. All participants must meet diagnostic and legal criteria<sup>[1]</sup> as well as eligibility to apply for entitlement benefits such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Medicaid. At the time a person is accepted into the felony jail diversion program, the state attorney's office informs the court of the plea the defendant will be offered contingent upon successful program completion. Similar to the misdemeanor program, legal charges may be dismissed or modified based on treatment engagement. All program participants are assisted in accessing community based services and supports, and their progress is monitored and reported back to the court by CMHP staff.

**OUTCOMES:** Individuals participating in the felony jail diversion program demonstrate **reductions in jail bookings and jail days of more than 75 percent**, with those who successfully complete the program demonstrating a **recidivism rate of just 6 percent**. Since 2008, the felony jail program alone is estimated to have **saved the county over 15,000 jail days, more than 35 years.**

### **Forensic Hospital Diversion Program**

**PROGRAM:** Since August 2009, the CMHP has overseen the implementation of a state funded pilot project to demonstrate the feasibility of establishing a program to divert individuals with mental illnesses committed to the Florida Department of Children and Families from placement in state forensic hospitals to placement in community-based treatment and forensic services. Participants include individuals charged with 2<sup>nd</sup> and 3<sup>rd</sup> degree felonies who do not have significant histories of violent felony offenses and are not likely to face incarceration if convicted of their alleged offenses. Participants are adjudicated incompetent to proceed to trial or not guilty by reason of insanity. The community-based treatment provider operating services for the pilot project is responsible for providing a full array of residential treatment and community re-entry services including crisis stabilization, competency restoration, development of community living skills, assistance with community re-entry, and community monitoring to ensure ongoing treatment following discharge. The treatment provider also assists individuals in accessing entitlement benefits and other means of economic self-sufficiency to ensure ongoing and timely access to services and supports after re-entering the community. Unlike individuals admitted to state hospitals, individuals served by MD-FAC are not returned to jail upon restoration of competency, thereby decreasing burdens on the jail and eliminating the possibility that a person may decompensate while in jail and require readmission to a state hospital. To date, the pilot project has demonstrated more cost effective delivery of forensic mental health services, reduced burdens on the county jail in terms of housing and transporting defendants with forensic mental health needs, and more effective community re-entry and monitoring of individuals who, historically, have been at high risk for recidivism to the justice system and other acute care settings.

**OUTCOMES:** Individuals admitted to the MD-FAC program are identified as ready for **discharge from forensic commitment an average of 52 days (35%) sooner** than individuals who complete competency restoration services in forensic treatment facilities, and spend an average of **31 fewer days (18%) under forensic commitment**. The average cost to provide services in the MD-FAC program is roughly **32% less expensive** than services provided in state forensic treatment facilities.

---

<sup>[1]</sup> Legal criteria specify a current most serious charge of a third degree felony, with not more than three prior felony convictions.