ELEVENTH JUDICIAL CRIMINAL MENTAL HEALTH PROJECT

Miami-Dade County, Florida



MISSION



To make jail the last resort for people with severe mental illnesses and co-occurring substance use disorders

NEED

 Miami-Dade County has among the highest percentage of persons with SMI of any urban community in the United States (9.1% or approximately 210,000 people)

• Less than 13% of these persons receive treatment



Although the Miami-Dade County jail has by default become the largest psychiatric institution in Florida, it cannot provide the necessary and appropriate treatment that is required for successful rehabilitation and recovery.



FACTS

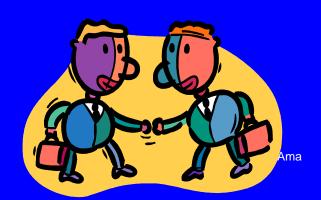


- There are 800-1200 detainees that experience mental illness on any given day at the Miami-Dade County jail.
- This represents approximately 20% of the total inmate population and costs taxpayers millions of dollars annually to manage this population in jail.
- Persons with mental illnesses stay in jail 8 times longer than those individuals without mental illness at a cost of 7 times more.

Cross System Collaboration

- Judges
- The Court
- Public Defender
- State Attorney
- Law Enforcement
- Consumers and Families

- Department of Corrections
- Mental Health Providers
- Social Security
- Foundations
- DCF





PRE-BOOKING



Crisis Intervention Team (CIT)

CIT officers receive special training to respond to crisis calls involving persons with suspected mental illness. When appropriate, CIT officers transport individuals with mental illness to community mental health facilities for evaluation, treatment, and referrals instead of making an arrest.



Pre-Booking CIT

- 36 of 36 Police Departments participate in CIT training
- More than 4,600 officers trained since 2003
- More than 1,200 CIT officers On Duty throughout Miami-Dade County



CIT



- Collaboration between Police and Mental Health Facilities
- CIT training- experts in the community volunteer to present subject matter
- Changing Police values about people with mental illnesses
- Changing working relationships between Police and Mental Health Facilities
- CIT Advisory Committee



- 16 CIT Trainings- 40 hour classes per year
- Communications Trainings for dispatchers and call takers
- Executive Training for Command Staff

POST-BOOKING



- Originally established to divert nonviolent misdemeanant defendants with SMI and possible co-occurring substance use disorders
- Program expanded to serve defendants that have been arrested for less serious felonies and other charges as determined appropriate

Screening Tools

Mental Health Screening Form III

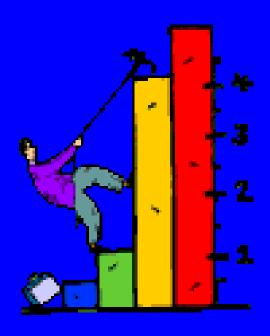
 Ohio Risk Assessment System-Community Supervision Tool

TCU Drug Screen V

Immediate Access

Provide linkage to the necessary treatment and supportive services:

- Treatment
- Medication
- Housing
- Transportation
- Entitlements



Successful Community Re-Entry and Recovery

- Individuals voluntarily agree to services and are assisted with linkages to a comprehensive array of community-based treatment, support, and housing services
- The CMHP utilizes the APIC Model to provide transition planning for all program participants
- Upon stabilization, legal charges may be dismissed or modified in accordance with treatment engagement

Identify Appropriate Community and Corrections Programs

- Forward a complete summary of release conditions to community provider
- Ensure individual served is aware of community providers responsibility to report status to the court
- Ensure individual served has the necessary tools to comply with conditions of release











PEER SPECIALISTS

- Due to their life experience they are uniquely qualified to perform the functions of the position.
- Peer support specialists work as members of the jail diversion team.
- Primary responsibility is to assist jail diversion participants with community re-entry and engagement in continuing treatment and services



SSI/SSDI OUTREACH ACCESS RECOVERY (SOAR)

- An approach that was developed to access and expedite social security entitlements for individuals that are homeless and mentally ill
- Created specialized unit to expedite access to benefits
- Expand target population

Next Generation of Behavioral Health and Criminal Justice Interventions

• The premise of the first generation was that *access* to treatment would reduce jail recidivism for people with mental illnesses

• Two decades later we have evidence suggesting that diversion to traditional services is not *the* only solution and that treatment is only part of the answer

Treatment Alone is Not Sufficient

- Only 1 in 10 offenders with mental illness are arrested as a result of untreated mental illness
- Justice involved people with SMI have the same criminal risk factors as anyone else and face an array of challengesperson-level factors and environmental factors

Twin Goals

1. Improve psychiatric outcomes (stabilization, functioning, recovery) in the least restrictive setting

2. Decrease recidivism

Significant Factors

- Person Level Risk

 criminogenic risks
 substance abuse
 trauma
 stress
- Place Level Risk
 Social disadvantage

"Central Eight" Risk Factors Predictive of Criminal Behavior

- 1. History of antisocial behavior
- 2. Antisocial personality pattern
- 3. Antisocial cognition
- 4. Antisocial associates
- 5. Family and /or relationship circumstances
- 6. Poor school and/or work performance
- 7. Few leisure or recreational activities
- 8. Substance Abuse

Develop Individualized Interventions

- Medication Adherence
- Criminogenic Risk- CBT
- Addiction Risk
- Trauma Risk
- Stress Risk
- Environmental/Social Disadvantage Risks

Summary



- Intervention and Support
- Individualize Transition Planning
- Cross-System Collaboration
- Promote Creative Solutions
- Reduce Jail Recidivism
- Promote HOPE and RECOVERY

For Additional Information

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