



**Miami-Dade County Office of the Mayor**  
**mental health task force**  
**Care Comes First**

FINAL REPORT



# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

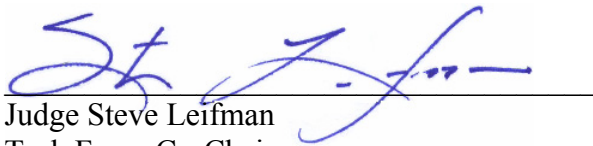
February 14, 2007

Mayor Carlos Alvarez:

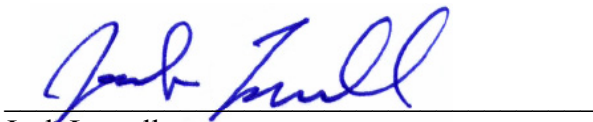
On behalf of the Miami-Dade County Mayor's Mental Health Task Force, we are pleased to submit this Final Report reflecting our responses to the recommendations contained in the Spring Term 2004 Grand Jury report entitled, *Mental Illness and the Criminal Justice System: A Recipe for Disaster / A Prescription for Improvement*.

We would like to thank our fellow Task Force members and all subcommittee participants for their dedication to this effort and commitment to improving the lives of people with mental illnesses in Miami-Dade County.

Sincerely,



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Task Force Co-Chair  
Associate Administrative Judge  
11th Judicial Circuit of Florida



Jack Lowell  
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Silvia M. Quintana, LMHC, CAP  
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# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

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# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

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## ACKNOWLEDGEMENTS

- We would like to thank the State Attorney's Office, particularly the Honorable Katherine Fernandez Rundle, Chief Assistant State Attorney Don L. Horn, and members of the Spring Term 2004 Miami-Dade County Grand Jury, for drawing needed attention to the crisis of people with mental illnesses in the criminal justice system.
- We would like to thank Miami-Dade County Mayor Carlos Alvarez for having the foresight and vision to convene this Task Force in response to the Grand Jury's report, particularly in light of the prominent attention mental health issues have received recently in the courts and the media.
- We would like to thank the Board of County Commissioners for their unyielding support of the work of the Task Force, and for providing resources critical to the local implementation of many of the Grand Jury's recommendations.
- We would like to thank members of the Miami-Dade County Legislative Delegation for their commitment to bringing criminal justice and mental health issues to the attention of the Florida Legislature.
- We would like to thank the County Managers Office, particularly George Burgess, Roger Carlton, and Dr. Mae Bryant, and the Office of Strategic Business Management, particularly Jennifer Glazer-Moon, for their support, guidance, and leadership.
- We would like to thank Chief Judge Joseph P. Farina and the Administrative Office of the Courts for ongoing support of the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project.
- We would like to thank the Miami-Dade Corrections and Rehabilitation Department, particularly Director Tim Ryan, Chief Sheila Siddiqui, Chief Eduardo Astigarraga, Chief Anthony Dawsey, and Janelle Hall, and Corrections Health Services, particularly Dr. Joseph Poitier, for their input and collaboration in achieving the goals of the Task Force.
- We would like to thank the Florida Department of Children and Families, particularly Secretary Robert A. Butterworth, former Secretary Lucy D. Hadi, Assistant Secretary for Substance Abuse and Mental Health Ken DeCerchio, and Dr. Deborah G. Dummitt for their ongoing partnership and collaboration in support of the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project.

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*“Developing a model continuum of care for people with mental illnesses”*

- We would like to thank the Miami-Dade County Homeless Trust, particularly Ronald L. Book, Esq. and David Raymond, for their ongoing partnership and collaboration in support of the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project.
- We would like to thank the Public Defender's Office, particularly the Honorable Bennett H. Brummer, Chief Assistant Public Defender Carlos Martinez, Senior Supervising Attorney Rebecca A. Cox, Assistant Public Defender Hugh Keough, and Assistant Public Defender Michael Lederberg, for their participation on all Task Force subcommittees, particularly the Baker Act/Involuntary Outpatient Placement Subcommittee.
- We would like to thank the Health Foundation of South Florida, particularly Richard B. Adams and Dr. Steven E. Marcus, for providing resources critical to the administrative operations of the Task Force.
- We would like to thank all subcommittee co-chairs, including Commissioner Natacha Seijas, Representative Rene Garcia, Judge Maria Korvick, and Director Robert Parker.
- We would like to thank staff from the Office of the Mayor, particularly Luis A. Gazitua, Esq., Elinette Ruiz Garcia-Navarro, Maria Robau, and Albert Sabates, and staff from the 11th Judicial Circuit Criminal Mental Health Project, particularly Cindy A. Schwartz and Alina Perez-Sheppe for their assistance in supporting the work of the Task Force.
- We would like to thank Tim Coffey for his assistance in organizing and compiling the extensive amount of information reviewed and generated by the Task Force, and for helping to coordinate and oversee Task Force administration.
- Finally, we would like to thank all members of the community including consumers, consumer network organizations, members of the National Alliance on Mental Illness, family members, and other stakeholders, who participated in Task Force and subcommittee meetings for their dedication to this effort and commitment to improving the lives of people with mental illnesses in Miami-Dade County.

***Judge Steve Leifman***  
Task Force Co-Chair

***Jack Lowell***  
Task Force Co-Chair

***Silvia M. Quintana***  
Task Force Co-Chair



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## EXECUTIVE SUMMARY

On January 11, 2005 the Miami-Dade County Grand Jury filed a report entitled, *Mental Illness and the Criminal Justice System: A Recipe for Disaster / A Prescription for Improvement*. This document provided a sharply critical review of the crisis of people with serious mental illnesses who become entangled in the criminal justice system, often because they lack adequate access to community-based care. The report concluded that funding limitations and lack of adequate resources in the community have resulted in a woefully inadequate system of community-based care. State and local agencies were found to be ill-prepared to provide necessary assistance to people with serious mental illnesses, either before or after they become involved in the criminal justice system. The report identified multiple areas of need, as well as specific recommendations for improvements. The Grand Jury cautioned that failure to adopt changes would likely result in continued financial and human costs for which Miami-Dade County is ill-prepared to contend.

In response to the Grand Jury's findings, Mayor Carlos Alvarez convened the Miami-Dade County Mayor's Mental Health Task Force consisting of leaders and experts from the criminal justice, mental health, social services, government, and business communities. Task Force members were charged with finding ways to implement the Grand Jury's recommendations to improve treatment and services provided to people with mental illnesses who become involved in the criminal justice system, minimize the inappropriate criminalization of people with mental illnesses, and to create a model continuum of mental health care for the residents of Miami-Dade County.

To date, the Task Force has accomplished or is in the process of accomplishing nearly every recommendation put forth by the Grand Jury. The following is a summary of key Task Force accomplishments:

- All Miami-Dade Corrections and Rehabilitation Department officers currently assigned to mental health floors at the jail have completed Crisis Intervention Team training.
- Miami-Dade Corrections and Rehabilitation Department has assigned an officer to identify and develop additional Crisis Intervention Team and mental health related curricula provided through the Training Bureau and to ensure that all officers receive mental health in-service training designed to promote awareness and effective response to inmates with mental illnesses.
- Miami-Dade Corrections and Rehabilitation Department has awarded a 5% pay raise for correctional officers working on mental health floors of the jail. In addition, the Miami-Dade Police Department has submitted a proposal to provide pay incentives of 2.5% to 5% to Crisis Intervention Team trained officers.
- The Mental Health Diversion Facility Subcommittee has been actively working with County and State officials to acquire the facility currently occupied by *South Florida*

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*Evaluation and Treatment Center*, and to secure funding for services. Negotiations are ongoing. It is anticipated that the terms under which the County will acquire the property will be finalized within the next 6 month.

- In consultation with Task Force members and Jackson Memorial Hospital – Corrections Health Services, the Board of County Commissioners and the County Manager have recommended an increase in staffing for mental health services to include an additional 1.5 (full time equivalent) psychiatrists, 2 social workers, and 3 nurses.
- The Baker Act/Involuntary Outpatient Placement Subcommittee in collaboration with the Florida Department of Children and Families District 11 Substance Abuse and Mental Health Office have made specific recommendations to fund additional services within the County targeting individuals who are treatment resistant and at risk of institutional involvement through the criminal justice system, the forensic mental health system, and/or the civil mental health system. Recommendations are also made for funding to support increased judicial caseloads and other court-related functions, as well as increased workloads for State Attorney's and Public Defender's Offices.
- Task Force members working with staff from the Council of State Governments, the Board of County Commissioners, the Office of the Mayor, the Miami-Dade County Legislative Delegation, and Statewide mental health advocacy groups are urging the Florida Legislature to allocate funding for statewide planning and demonstration grants similar to those awarded under California's Mentally Ill Offender Crime Reduction Grant Program. Legislation for the proposed *Criminal Justice and Mental Health Reinvestment Grant Program* appears under Senate Bill 0542 to be considered during the 2007 Florida Legislative Session.
- The Board of County Commissioners has approved a resolution urging the State Legislature to acknowledge the mental health crisis in the criminal justice system and to reinstate funding and programs for people with mental illnesses.
- The Board of County Commissioners has allocated \$100,000 to implement an *interim assistance reimbursement program* which will establish a self-replenishing fund that will provide financial support for individuals served by the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project's Jail Diversion Program who are re-entering the community upon release from the criminal justice system, and awaiting approval of Social Security entitlement benefits.
- Miami-Dade County has provided funding to support a total of 5 positions within the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project, including 4 positions previously funded by a federal grant. In addition, the County has provided funding to support 4 part-time peer support specialist positions within the Project's Jail Diversion Program that were previously funded through a Federal grant.

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- Currently 24 of 32 law enforcement agencies in Miami-Dade County have implemented or are in the process of implementing Crisis Intervention Team programs, including every major municipality and the Miami-Dade Police Department.
- Since the formation of the Task Force, a total of 31 Crisis Intervention Team (CIT) training classes have been held, resulting in 731 newly trained CIT officers in the community.
- A total of 461 officers (including all Field Training Officers) from the Miami-Dade Police Department have completed Crisis Intervention Team training.
- To date, a total of 1,067 law enforcement officers from across Miami-Dade County have completed Crisis Intervention Team training.
- The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project has developed and implemented an 8-hour Crisis Intervention Team Communications training for law enforcement call-takers and dispatchers. To date, a total of 10 Communications trainings have been held resulting in a total of 236 communications personnel trained.
- A Public Relations Workgroup was established to promote community awareness and knowledge regarding mental health and available resources. Public relations initiatives targeting television, radio, and print media have been established and implemented.





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## INTRODUCTION AND HISTORICAL OVERVIEW

According to the National Alliance on Mental Illness, an estimated 40% of adults who suffer from serious mental illnesses (SMI) will come into contact with the criminal justice system at some point in their lives. Unfortunately, these contacts result in the arrest and incarceration of people with SMI at a rate vastly disproportionate to that of people without mental illnesses.



Often times, when arrests are made it is for relatively minor offenses or nuisance behaviors such as disorderly conduct or simple trespassing. Unfortunately, the result of incarceration tends to be a worsening of illness symptoms due to a lack of appropriate treatment and increased stress. Not only does this contribute to extended periods of incarceration resulting from disciplinary problems and the need to undergo extensive psychiatric competency evaluations, but it makes it all the more difficult for the individual to successfully re-enter the community upon release from custody.

Over time, individuals may become entangled in a cycle of despair between periods of incarceration and jail-based crisis services, followed by periods of disenfranchisement in the community and inevitable psychiatric-decompensation. In addition to placing inappropriate and undue burdens on our public safety and criminal justice systems, this maladaptive cycle contributes to the further marginalization and stigmatization of some of our society's most vulnerable, disadvantaged, and underserved residents. As described by one participant at the inaugural meeting of the Mayor's Mental Health Task Force:

*"The only thing worse than being homeless or an inmate would be to be homeless or an inmate with mental illness. We as a society are going to be judged on how well we take care of our most vulnerable people, and these are people with mental illnesses."*



The current problems and weaknesses of the community mental health system can be traced to historical events that have shaped

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public policy and attitudes toward people with mental illnesses over the past 200 hundred years. From the time the United States was founded until the early 1800's, people with mental illnesses who could not be cared for by their families were often confined under cruel and inhumane conditions in jails and almshouses. During the 19<sup>th</sup> century, a movement, known as *moral treatment* emerged which sought to hospitalize rather than incarcerate people with mental illnesses. Unfortunately, this well-intentioned effort failed miserably.

The first public mental health hospital in the United States was opened in Massachusetts in 1833. The institution contained 120 beds, which was considered by experts at the time to be the maximum number of patients that could be effectively treated at the facility. By 1848, the average daily census had grown to approximately 400 patients, and the State was forced to open additional public mental health facilities. A similar pattern was seen across the country as more and more states began to open public psychiatric hospitals. By the mid-1900's, nearly 350 state psychiatric hospitals were in operation in the United States; however overcrowding, inadequate staff, and lack of effective programs resulted in facilities providing little more than custodial care. Physical and mental abuses were common and the widespread use of physical restraints such as straight-jackets and chains deprived patients of their dignity and freedom.

Around this same time, advances in psychopharmacology lead to the idea that people with mental illnesses could be treated more effectively and humanely in community-based settings. In 1963, legislation was signed which was intended

to create a network of community-based mental health providers that would replace failing and costly state hospitals, and integrate people with mental illnesses back into their home communities with comprehensive treatment and services. President Kennedy signed an authorization of \$3 billion to support this movement from institutional to community-based treatment. Unfortunately, not one penny of this authorization was ever appropriated.



As more light was shed on the horrific treatment of people with mental illnesses at state psychiatric hospitals, along with the hope offered by advances in psychotropic medications, a flurry of federal lawsuits were filed which ultimately resulted in the *deinstitutionalization* of public mental health care by the Courts. Unfortunately, there was no organized or adequate network of community mental health centers to receive and absorb these newly displaced individuals. The result is that today there are more than five times as many people with mental illnesses in jails and prisons in the United States than in all state psychiatric hospitals combined.

In 1955, some 560,000 people were confined in state psychiatric hospitals across

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the United States. Today fewer than 50,000 remain in such facilities. Over this same period of time, the number of psychiatric hospital beds nationwide has decreased by more than 90 percent, while the number of people with mental illnesses incarcerated in our jails and prison has grown by roughly 400 percent. Over the last ten years, we have closed more than twice as many hospitals as we did in the previous twenty and, if this weren't bad enough, some of the hospitals that were closed were actually converted into correctional facilities which now house a disproportionate number of inmates with mental illnesses.

The *National GAINS Center* estimates that 800,000 people diagnosed with serious mental illnesses are arrested and booked into jails annually. Furthermore, roughly 72% of these individuals also meet criteria for co-occurring substance use disorders. On any given day, between 300,000 and 400,000 people with mental illnesses are incarcerated in jails and prisons across the United States. Another 500,000 people with mental illnesses are on probation.

In Florida alone, roughly 70,000 people with serious mental illnesses requiring immediate treatment are arrested and booked into jails annually. More than 10,000 individuals with mental illnesses are currently incarcerated in State correctional facilities. In 2004, the number of examinations under the *Baker Act* (Florida's involuntary mental health civil commitment laws) initiated by law enforcement officers exceeded the total number of arrests for robbery, burglary, and motor vehicle theft combined. Moreover, during this same year, judges and law enforcement officers accounted for slightly more than half of all involuntary

examinations initiated. A 2006 report published by the National Association of State Mental Health Program Directors Research Institute found that Florida continues to rank 48<sup>th</sup> nationally in per capita spending for public mental health treatment. As a result, fewer than 25% of the estimated 610,000 adults in Florida who experience serious mental illnesses receive any care at all in the public mental health system.



Although these national and statewide statistics are alarming, the problem is even more acute in Miami-Dade County, which has been described as home to the largest percentage of people with SMI of any urban community in the United States. Roughly 9.1% of the population (or about 210,000 individuals) experience SMI, yet fewer than 13% of these individuals receive care in the public mental health system. As a result, law enforcement and correctional personnel have increasingly become the lone responders to people in crisis due to untreated mental illnesses. On any given day, the Miami-Dade County Jail houses between 800 and 1200 defendants with SMI. This represents approximately 20% of the total inmate population, and costs taxpayers millions of dollars annually. The County jail now serves as the largest psychiatric

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facility in the State of Florida; and people with mental illnesses remain incarcerated 8 times longer than people without mental illnesses for the exact same charge, and at a cost 7 times higher. With little treatment available, many individuals cycle through the system for the majority of their adult lives.

The sad irony is that we did not *deinstitutionalize* mental health care. We allowed for the *trans-institutionalization* of people with mental illnesses from state psychiatric facilities to our correctional institutions, and in the process, made our jails and prisons the asylums of the new millennium. In many cases, the conditions that exist in these correctional settings are far worse than those that existed in state hospitals. The consequences of this system have been increased homelessness, increased police injuries, increased police shootings of people with mental illnesses, critical tax dollars wasted, and the reality that we have made mental illness a crime; or at the very least a significant risk factor for criminal justice system involvement.

Unfortunately, the findings of a local Grand Jury investigation that would become a catalyst for the formation of the Mayor's Mental Health Task Force are not unique to Miami-Dade County, nor are they the result of deliberate indifference on the part of the

criminal justice system. The fact is we have a mental health crisis in our communities, in our states, and in this country; and our jails and prisons have become the unfortunate and undeserving "safety nets" for an impoverished system of community mental health care. In 200 years, we have come full circle, and today our jails are once again psychiatric warehouses. To be fair, it's not honest to call them *psychiatric institutions* because we do not provide treatment very well in these settings.

What is clear from this history is that the current short-comings of the community mental health and criminal justice systems did not arise recently, nor did they arise as the result of any one stakeholder's actions or inactions. None of us created these problems alone and none of us will be able to solve these problems alone. As a community, we all must be a part of the solution. With this in mind, the Mayor's Mental Health Task Force was convened to respond to recommendations made by the Spring Term 2004 Miami-Dade County Grand Jury following an investigation which exposed the tragedy of people with untreated mental illnesses who become mired in the criminal justice system. The Task Force sought to respond to these recommendations and to develop a model continuum of integrated community-based mental health care for all citizens of Miami-Dade County.



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## THE FINAL REPORT OF THE MIAMI-DADE COUNTY GRAND JURY – SPRING TERM A.D. 2004

On January 11, 2005 the Miami-Dade County Grand Jury filed a report entitled, *Mental Illness and the Criminal Justice System: A Recipe for Disaster / A Prescription for Improvement*.<sup>\*</sup> This document provided a sharply critical review of the crisis of people with serious mental illnesses who become entangled in criminal justice system, often because they lack adequate access to community-based care. The report provided detailed descriptions of alarmingly poor conditions under which inmates with serious mental illnesses are held in the Miami-Dade County Jail, as well as the unfortunate, and at times tragic, outcomes that have resulted from encounters between law enforcement officers and people suffering from untreated mental illnesses in the community. The report concluded that funding limitations and lack of adequate resources in the community have resulted in a woefully inadequate system of community-based care. State and local agencies were found to be ill-prepared to provide necessary assistance to people with serious mental illnesses, either before or after they become involved in the criminal justice system. The report identified multiple areas of need, as well as specific recommendations for improvements. The Grand Jury cautioned that failure to adopt changes would likely result in continued financial and human costs for which Miami-Dade County is ill-prepared to contend.

*\*This report can be accessed at:  
[www.miamisao.com/publications/grand\\_jury/2000s/gj2004s.pdf](http://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf)*

Based on their findings, the Grand Jury made the following recommendations:

- 1. In light of the close continuous contact between correctional officers and the mentally ill inmates they guard we recommend CIT Training for all correctional officers who work on those floors.*
- 2. As there are with some of the police departments that have Crisis Intervention Teams, we recommend that the Department seek and award pay incentives to those correctional officers who elect to serve their shifts working on the floors where the mentally ill inmates are housed.*
- 3. We recommend that state and local governmental officials, in conjunction with the people, agencies and entities involved in mental health issues, work collaboratively and expeditiously to construct a facility that can be used to house, treat and provide social services in one location to mentally ill inmates who are in custody awaiting trial.*
- 4. Until construction of the facility referred to in Recommendation 3 above, we recommend that more doctors and more social workers be assigned to work in all local pre-trial detention facilities.*
- 5. Having a new law that allows the court to order outpatient treatment for the mentally ill is useless if there are no programs or services available to which to refer them. Accordingly, we recommend that our state*

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*legislature provide funding for the Baker Act reform bill in hopes that Florida will reap the same benefits as New York from passage of its statewide Kendra's Law.*

6. *In connection with the Baker Act reform bill, we recommend that our State legislature provide funding to increase the number of community based mental health facilities and thereby increase the number and level of services available to the mentally ill in our state.*
7. *The state is spending large sums of money for crisis care and stabilization of the mentally ill after they decompensate. We strongly recommend that the state legislature provide adequate funding for long term care, which will result in the creation of case management workers who can assist the mentally ill in maintaining a stable lifestyle.*
8. *We recommend that our state and local government officials provide funding and/or matching dollars to assist in the expansion of the 11th Judicial Circuit of Florida Criminal Mental Health Project and its Jail Diversion Program.*
9. *We strongly recommend that every police department in Miami-Dade County create Crisis Intervention Teams with its uniformed officers.*
10. *We recommend that police departments continue with the deployment of Tasers to*

*its officers and that the officers receive adequate training on proper use of Tasers.\**

11. *To the extent they do not have them, we recommend that all police departments in Miami-Dade County that issue Tasers to its officers adopt policies and procedures that require, at a minimum:\**
  - a) *Documentation and/or reports of every discharge of a Taser;*
  - b) *Random testing to ensure that officers are documenting all discharges of their Tasers;*
  - c) *Severe discipline for any officer who inappropriately uses his Taser or engages in abusive behavior with the Taser;*
  - d) *Specified guidelines on target populations for whom Tasers should not be used;*
12. *We recognize that tragedies can be averted by swift reaction and response to crime scenes by CIT members. In that regard, we strongly recommend that area residents who call 911 when they observe a family member, friend, loved one or stranger in crisis, do the following:*
  - a) *Inform the dispatcher that the nature of the call relates to someone who is suffering from mental illness;*
  - b) *Inform the dispatcher of any relevant medical history of the subject, and*
  - c) *Request that a Crisis Intervention Team member respond to the scene.*

- \* **PLEASE NOTE: Because of the tangential relevance of the use of electronic control devices (e.g., Tasers) to mental illnesses and because the Miami-Dade County Board of County Commissioners initiated an independent review of the use of these devices, recommendations numbered 10 and 11 are not addressed in this report.**

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## TASK FORCE RESPONSE TO GRAND JURY RECOMMENDATIONS

While the remainder of this report will be dedicated to reviewing the collective accomplishments and implementation strategies developed by the Task Force, the following is a summary of achievements related specifically to the Grand Jury’s recommendations:

<b>Grand Jury Recommendation:</b>	<b>Accomplishment:</b>
<p>1. <i>In light of the close continuous contact between correctional officers and the mentally ill inmates they guard we recommend CIT Training for all correctional officers who work on those floors.</i></p>	<p><b>ACCOMPLISHED</b> – All Miami-Dade Corrections and Rehabilitation Department officers currently assigned to mental health floors at the jail have completed Crisis Intervention Team (CIT) training. In addition, the Department has assigned an officer to identify and develop additional CIT and mental health related curricula provided through the Training Bureau and to ensure that all correctional officers receive mental health in-service training designed to promote awareness and effective response to inmates with mental illnesses.</p>
<p>2. <i>As there are with some of the police departments that have Crisis Intervention Teams, we recommend that the Department seek and award pay incentives to those correctional officers who elect to serve their shifts working on the floors where the mentally ill inmates are housed.</i></p>	<p><b>ACCOMPLISHED</b> – Miami-Dade Corrections and Rehabilitation Department has awarded a 5% pay raise for correctional officers working on mental health floors of the jail. In addition, the Miami-Dade Police Department has submitted a proposal to provide pay incentives of 2.5% to 5% to Crisis Intervention Team trained officers.</p>
<p>3. <i>We recommend that state and local governmental officials, in conjunction with the people, agencies and entities involved in mental health issues, work collaboratively and expeditiously to construct a facility that can be used to house, treat and provide social services in one location to mentally ill inmates who are in custody awaiting trial.</i></p>	<p><b>IN PROGRESS</b> – The Mental Health Diversion Facility Subcommittee has been actively working with County and State officials to acquire the facility currently occupied by <i>South Florida Evaluation and Treatment Center</i>, and to secure funding for services. Negotiations are ongoing. It is anticipated that the terms under which the County will acquire the property will be finalized within the next 6 month. <i>(see Mental Health Diversion Facility Subcommittee summary report for additional details)</i></p>

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<b>Grand Jury Recommendation:</b>	<b>Accomplishment:</b>
<p>4. <i>Until construction of the facility referred to in Recommendation 3 above, we recommend that more doctors and more social workers be assigned to work in all local pre-trial detention facilities.</i></p>	<p><b>ACCOMPLISHED</b> – In consultation with Task Force members and Jackson Memorial Hospital – Corrections Health Services, the Board of County Commissioners and the County Manager have recommended an increase in staffing for mental health services to include an additional 1.5 (full time equivalent) psychiatrists, 2 social workers, and 3 nurses.</p>
<p>5. <i>Having a new law that allows the court to order outpatient treatment for the mentally ill is useless if there are no programs or services available to which to refer them. Accordingly, we recommend that our state legislature provide funding for the Baker Act reform bill in hopes that Florida will reap the same benefits as New York from passage of its statewide Kendra's Law.</i></p>	<p><b>LEGISLATIVE ACTION PENDING</b> – The Baker Act/Involuntary Outpatient Placement Subcommittee in collaboration with the Florida Department of Children and Families District 11 Substance Abuse and Mental Health Office have made specific recommendations to fund additional services within the County targeting individuals who are treatment resistant and at risk of institutional involvement through the criminal justice system, the forensic mental health system, and/or the civil mental health system. Recommendations are also made for funding to support increased judicial caseloads and other court-related functions, as well as increased workloads for State Attorney's and Public Defender's Offices. <i>(see Baker Act/Involuntary Outpatient Placement Subcommittee summary report for additional details)</i></p>

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<b>Grand Jury Recommendation:</b>	<b>Accomplishment:</b>
<p>6. <i>In connection with the Baker Act reform bill, we recommend that our State legislature provide funding to increase the number of community based mental health facilities and thereby increase the number and level of services available to the mentally ill in our state.</i></p>	<p><b>ACCOMPLISHED LOCALLY, LEGISLATIVE ACTION PENDING</b> – Task Force members working with staff from the Council of State Governments, the Board of County Commissioners, the Office of the Mayor, the Miami-Dade County Legislative Delegation, and Statewide mental health advocacy groups are urging the Florida Legislature to allocate funding for statewide planning and demonstration grants similar to those awarded under California’s Mentally Ill Offender Crime Reduction Grant (MIOCRG) Program. Legislation for the proposed <i>Criminal Justice and Mental Health Reinvestment Grant Program</i> appears under Senate Bill 0542 to be considered during the 2007 Florida Legislative Session (<i>see Appendix C for a summary of the proposed legislation</i>).</p> <p>Complimenting this initiative, the Board of County Commissioners has approved a resolution urging the State Legislature to acknowledge the mental health crisis in the criminal justice system and to reinstate funding and programs for people with mental illnesses (<i>see Appendix D</i>).</p> <p>The Board of County Commissioners has allocated \$100,000 to implement an <i>interim assistance reimbursement program</i> which will establish a self-replenishing fund that will provide financial support for individuals served by the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project’s Jail Diversion Program who are re-entering the community upon release from the criminal justice system, and awaiting approval of Social Security entitlement benefits.</p>



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Grand Jury Recommendation:	Accomplishment:
<p>7. <i>The state is spending large sums of money for crisis care and stabilization of the mentally ill after they decompensate. We strongly recommend that the state legislature provide adequate funding for long term care, which will result in the creation of case management workers who can assist the mentally ill in maintaining a stable lifestyle.</i></p> <p>8. <i>We recommend that our state and local government officials provide funding and/or matching dollars to assist in the expansion of the 11th Judicial Circuit of Florida Criminal Mental Health Project and its Jail Diversion Program.</i></p>	<p><b>ACCOMPLISHED LOCALLY, LEGISLATIVE ACTION PENDING</b> – See recommendation #6.</p> <p><b>ACCOMPLISHED</b> – Miami-Dade County has provided funding to support a total of 5 positions within the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project, including 4 positions previously funded by a federal grant. In addition, the County has provided funding to support 4 part-time peer support specialist positions within the Program's Jail Diversion Program that were previously funded through a Federal grant.</p>
<p>9. <i>We strongly recommend that every police department in Miami-Dade County creates Crisis Intervention Teams with its uniformed officers.</i></p>	<p><b>ACCOMPLISHED PENDING SIGNING OF INTERAGENCY AGREEMENTS</b> – Currently 24 of 32 law enforcement agencies in Miami-Dade County have implemented or in the process of implementing Crisis Intervention Team (CIT) programs. This includes every major municipality and the Miami-Dade Police Department. A total of 31 CIT training classes have been held, resulting in 731 newly trained CIT officers in the community since the filing of the Grand Jury's report. A total of 461 officers (including all Field Training Officer's) from the Miami-Dade Police Department have completed CIT training. To date, a total of 1,067 officers from across Miami-Dade County have completed CIT training. The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project will be working with the eight remaining municipalities (which are all relatively small) to either establish CIT programs or facilitate the development of interagency agreements with larger municipalities to provide CIT coverage as needed.</p>

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<b>Grand Jury Recommendation:</b>	<b>Accomplishment:</b>
<p>12. <i>We recognize that tragedies can be averted by swift reaction and response to crime scenes by CIT members. In that regard, we strongly recommend that area residents who call 911 when they observe a family member, friend, loved one or stranger in crisis, do the following:</i></p> <ul style="list-style-type: none"> <li><i>a) Inform the dispatcher that the nature of the call relates to someone who is suffering from mental illness;</i></li> <li><i>b) Inform the dispatcher of any relevant medical history of the subject, and</i></li> <li><i>c) Request that a Crisis Intervention Team member respond to the scene.</i></li> </ul>	<p><b>ACCOMPLISHED</b> – The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project has developed and implemented an 8-hour Crisis Intervention Team (CIT) Communications training for law enforcement call-takers and dispatchers. To date, a total of 10 CIT Communications trainings have been held resulting in a total of 236 communications personnel trained.</p> <p>The Public Relations Workgroup was established within the Criminal Mental Health Project Subcommittee to address community awareness and knowledge regarding mental health and available resources. Specifically, the need to improve awareness and use of CIT was identified as a priority for this Workgroup. The Workgroup developed comprehensive marketing strategies aimed at improving the use of CIT throughout the community. (see <i>CMHP Subcommittee summary report for additional details</i>)</p>

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## TASK FORCE FORMATION

In response to the Grand Jury's findings, Mayor Carlos Alvarez convened the Miami-Dade County Mayor's Mental Health Task Force consisting of leaders and experts from the criminal justice, mental health, social services, government, and business communities. Task Force members were charged with finding ways to implement the Grand Jury's recommendations to improve treatment and services provided to people with mental illnesses who become involved in the criminal justice system, minimize the inappropriate criminalization of people with mental illnesses, and to create a model continuum of mental health care for the residents of Miami-Dade County.



On October 6, 2005, the Mayor's Mental Health Task Force held its first meeting at the Stephen P. Clark Center in Miami. At this meeting, Mayor Alvarez addressed Task Force members and expressed his sincere intention that the work of this body be focused on the development and implementation of action-oriented solutions to the Grand Jury's recommendations. He urged participants not to become

preoccupied with studying the problems that exist as this had already been accomplished by the members of the Grand Jury; but rather to move deliberately toward identifying and implementing tangible, long-term solutions.



To this end, the Task Force began a process of identifying priorities among the recommendations and dividing up responsibilities (*see organization chart in Appendix A*). A total of four subcommittees were established. Each subcommittee was comprised of members of the Task Force along with interested community participants. The subcommittees included the 11th Judicial Circuit Criminal Mental Health Project Subcommittee, the Mental Health Diversion Facility Subcommittee, the Baker Act/Involuntary Outpatient Placement Subcommittee, and the Mental Health Care Finance, Sustainability and Policy Subcommittee. In addition, administrative oversight was provided by an Executive Committee consisting of all Task Force and subcommittee co-chairs.



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Participants' expertise included that of providers, consumers, and administrators within the mental health care, medical health care, substance abuse treatment, and social services fields, law enforcement and corrections professionals ranging from front line officers up through top administrative officials, representatives from State and local governments and agencies, and

members of the judiciary and legal community. In all, more than 250 members from the Miami-Dade community took part in roughly 35 Task Force and subcommittee meetings over the following 15 months (*see Appendix B for a listing of Task Force designees, subcommittee participants, and support staff*).

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## TASK FORCE SUBCOMMITTEE SUMMARY REPORTS

### MENTAL HEALTH DIVERSION FACILITY SUBCOMMITTEE

Co-Chairs:

- Jack Lowell, Flagler Development Group
- Hon. Natacha Seijas, Miami-Dade County Board of County Commissioners

#### **Background:**

Too often, people who experience serious mental illnesses and are unable to access care in the community eventually become involved with the criminal justice system. As indicated earlier, the Miami-Dade County Jail now exists as the largest psychiatric facility in the State of Florida. The practice of trying to operate a hospital within a correctional setting that is ill-equipped to provide acute psychiatric care is tremendously costly and inefficient. Built in 1954, the Pre-Trial Detention Center (which houses the majority of the inmates with serious mental illnesses) has long outlived its useful life as a detention facility, let alone a makeshift psychiatric hospital. As part of the Grand Jury's investigation, members toured the psychiatric floors of the Pre-Trial Detention Center. The Grand Jury wrote:

*Nothing could have adequately prepared us for the sights and sounds we witnessed on our tour. We viewed the "acute" psych wing and observed inmates who were obviously suffering from some form of mental distress. The*

*yelling from some of the inmates confirmed the existence of paranoia, hallucinations and delusions. Their stares were gripping. (p. 12)*

*We found the setting and conditions less than ideal for treating people suffering from mental illness. In fact, one witness opined that placing an individual with even marginal psychological issues in this environment is probably going to make the inmate's condition worse. Notwithstanding the bleak environment, we were also reminded that the primary function of the jail is to provide a secure facility to detain people accused of committing crimes. The jail's primary goal of maintaining custody, providing security and preventing escape of inmates is at odds with providing medical care to very sick people. (p. 13)*



#### **Mental Health Diversion Facility Project Overview:**

On November 2, 2004, Miami-Dade County voters approved the Building Better Communities General Obligation Bond Program. Included in the list of projects was

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the creation of a Mental Health Facility intended “to free up jail space and provide an effective and cost-efficient alternative facility to house the mentally ill as they await a trial date.” Funding in the amount of \$22.1 million dollars was made available for capital investment in this project. The Mental Health Diversion Facility Subcommittee was tasked with overseeing planning and coordination of this project.

The proposed complex will serve primarily as a mental health diversion facility that will provide appropriate levels of psychiatric care, coordinated across a seamless continuum ranging from residential treatment to community re-entry and continuing care, to individuals with serious mental illnesses (SMI) at risk of arrest or incarceration or awaiting trial for misdemeanor and/or non-violent felony offenses. Within the Miami-Dade Corrections and Rehabilitation Department, individuals currently held on psychiatric floors of the County jail and meeting diversion program criteria will be transferred to this setting, which will function partly as a secure medical facility and partly as clinical treatment space for various community-based residential and outpatient treatment providers.



The operation of such a treatment facility will reconcile several issues regarding court jurisdiction and the Miami-Dade Corrections and Rehabilitation Department's oversight of individuals awaiting adjudication. In addition, the establishment of a secure treatment facility will accommodate the movement of people with mental illnesses who become involved in the criminal justice system to less restrictive and more therapeutic settings.

The diversion facility is intended to lodge various levels of community mental health services. If an individual voluntarily engages treatment and is stabilized, the courts may authorize movement to a residential program available on-site as part of a plan that will facilitate final discharge to a community-based after-care program. All treatment programs will be required to provide integrated mental health and substance abuse treatment services for individuals with co-occurring mental health and substance use disorders.

Although the facility will work closely with the criminal justice system, the intention of this Subcommittee and the Task Force is that services at the facility be available to all members of the community who meet criteria for admission. This includes individuals with serious mental illnesses (SMI) diverted from the criminal justice system, individuals at risk of arrest or incarceration as a result of acute exacerbation of SMI, and individuals presenting as a risk of harm to themselves or others and meeting criteria for evaluation for involuntary placement (either inpatient or outpatient) under the Baker Act. As such, it is recommended that the facility operate a *no wrong door* point of entry by which

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individuals served do not have to be arrested or criminalized to receive services.

The proposed project is intended to be a mutually beneficial partnership between State and local governments. By diverting individuals to a secure medical facility that is community-based and operated, fewer individuals will require more costly treatment at state forensic facilities. In addition, this will cut down on long waiting lists that currently exist for admission to state run facilities. From a local perspective, Miami-Dade County will no longer face the challenges of trying to operate an acute-care psychiatric hospital in a correctional facility. By providing more appropriate and therapeutic services this proposal will help to reduce recidivism and institutionalization in both state and local facilities, while contributing to more successful community re-integration for people with mental illnesses.

## **Mental Health Diversion Facility Site:**

The County has identified an existing property, centrally located to the Richard E. Gerstein Justice Building, Pre-Trial Detention Center, Women's Annex, and Jackson Memorial Hospital, which is ideally suited to this plan. This site, currently occupied by *South Florida Evaluation and Treatment Center*, is being vacated upon completion of a new facility and will be available for occupancy in 2008. Miami-Dade County has completed a preliminary property condition assessment of this location and found it to be in good, well-maintained condition.

The property is improved with a seven-story, multi-wing building located on 3.71 acres of land and is currently used as a

forensic mental health evaluation and treatment center.



The 1<sup>st</sup> Floor of the property offers areas such as a main lobby and reception desk area, main security station, a nurses' station, visitation area, an area to bring people presenting for services into the facility, cafeteria, mail room, interview rooms, main kitchen, administrative offices, and emergency equipment rooms (including a back-up generator and fire pump).

The 2<sup>nd</sup> floor includes medical/dental exam rooms/offices, x-ray services, pharmacy, medical records, and laboratory space.

The amenities the property offers for residents are located between the 1st and 2nd floors, including: an open-air baseball field, a gym, a library, a barber shop, a music room, and an indoor basketball court.

The 3rd floor and the penthouse are utilized for mechanical equipment.

Floors 4 through 7 each contain two wings monitored from glass-clad central security/nurses' stations. Each wing contains staff offices, treatment areas, kitchen/dining areas, unit nurses' station, and three

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residential pods. Each pod contains a day room and eight single occupancy resident rooms.

## **Programs recommended for collocation within the facility:**

### **Crisis Stabilization Unit (CSU):**

The proposed facility will operate a Crisis Stabilization Unit which will provide appropriate levels of acute medical, nursing, and psychiatric care that will enable individuals to achieve more efficient and effective therapeutic outcomes.

The CSU should be operated by a community mental health provider experienced in the management of such programs, under a sub-contract with Miami-Dade County. In this manner, the CSU will be designated by the Florida Department of Children and Families as a *receiving facility*, with authority to serve individuals on a voluntary or involuntary basis.

Crisis Stabilization Units are secure, and are licensed and monitored in accordance with Rule Chapter 65E-12 of the Florida Administrative Code and Chapter 394 of the Florida Statutes, by the Agency for Health Care Administration and the Florida Department of Children and Families.

### **Short-term Residential Treatment (SRT):**

Two SRT programs are recommended for inclusion in the proposed facility. Beyond stabilization, some individuals will require access to intensive residential treatment programs that will promote ongoing recovery and treatment gains. Residential services will provide a structured treatment environment that will address a range of behavioral and psychiatric needs designed to

assist individuals in developing more adaptive life skills.

SRT programs will rely on the execution of comprehensive, individualized treatment plans targeting specific skills deficits intended to prepare individuals to transition into community-based care. In addition, intensive psychosocial treatment programs will assist individuals served in identifying and achieving desired outcomes and goals. A review of individuals' strengths and resources available will serve as the basis for the objectives to be pursued during the individual's stay in the program. Because treatment will be intensive, combining individual and group psychotherapies with medication and psychosocial rehabilitation, individuals served are more likely to experience improvements in clinical functioning.

Short-term Residential Treatment programs are licensed and monitored in accordance with Rule Chapter 65E-12 of the Florida Administrative Code and Chapter 394 of the Florida Statutes, by the Agency for Health Care Administration and the Florida Department of Children and Families.

### **Court Master:**

As deemed appropriate, the facility may include office space for the courts and courtrooms to conduct hearings and to ensure that individuals served have access to due process under the law. Office space will also be made available to staff from the State Attorney's Office, Public Defender's Office, and other legal services, including immigration issues. The availability of this function may facilitate hearings regarding petitions for involuntary inpatient or outpatient civil commitment, and may facilitate expedited hearings for defendants



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returning from State forensic mental health facilities following periods of competency restoration to minimize the likelihood of psychiatric decompensation (and potential re-hospitalization) while incarcerated and awaiting trial.

## **Other Programs:**

Space will be provided for agencies and programs that will address the comprehensive needs of individuals served. For example, staff from various agencies may assist in determining eligibility for public entitlements such as Social Security Administration benefits and Economic Self-Sufficiency (Department of Children and Families). In addition, office space will be made available for other referral resources. The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project will also provide services at this location.

## **Subcommittee Accomplishments:**

- The Mental Health Diversion Facility Subcommittee met on a total of five occasions to address issues related to the acquisition of the SFETC property. The subcommittee has appeared on two occasions before the Board of County Commissioners' Infrastructure and Land Use Committee (INLUC) and on one occasion before the Citizens' Advisory Committee to provide updates regarding the progress of negotiations with the State.
- Staff from the Miami-Dade County General Services Administration, County Attorney's Office and Public Works Department have completed a property appraisal and survey and have been involved in researching ownership, land use, and zoning issues relating to

the property to ensure that it is free of encumbrances and other issues.

- In March 2006, a consultant with extensive experience in the organization and operations of forensic mental health facilities, similar to that of the proposed diversion facility, was identified to assess the existing building and to make recommendations on how this building may function to meet the needs of the Subcommittee. The consultant, Dr. Joel Dvoskin, reported to the subcommittee that the facility was well suited to the proposed use, and provided the following comments and recommendations:
  - a. It was recommended that the proposed facility be utilized as a multi-level service and safe haven facility to facilitate the integration of defendants with serious mental illnesses back into the community.
  - b. It was recommended that because the prevalence of co-occurring substance use disorders among criminal justice system involved people with mental illnesses is so high, it is critical that services and programs be built around an integrated, dual diagnosis model.
  - c. Discussed the employment of unit-based versus perimeter-based security in the proposed facility, with unit-based security yielding more flexible and economical use of the facility between secure and non-secure areas.

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- d. Concerns were expressed regarding the limited availability of programming space when the facility is occupied to residential capacity of 200 beds. Recommended that residential capacity be limited to maximize programming and treatment efficacy.
- Negotiations have addressed the need for funding to support services and programming at the facility. The Department of Children and Families has agreed to request funding for services at the facility including a Crisis Stabilization Unit, Short-term Residential Treatment Program, and a FACT-like low-demand outreach team (see Baker Act/IOP Subcommittee report for details) in the Governor's 2007 legislative budget request.
  - Developed preliminary draft of proposed services to be incorporated in the facility (*See Appendix E*).
- Subcommittee Recommendations:**
- It is recommended that the acquisition of the identified property be referred to the County Manager's Office and Board of County Commissioners for further negotiation.
  - It is recommended that the State of Florida and the Department of Children and Families, at a minimum, fund the operation of a Crisis Stabilization Unit, Short-term Residential Treatment Program, and FACT-like low-demand outreach teams (see Baker Act/IOP Subcommittee report for details).
  - It is recommended that the State and the Department of Children and Families commit to a Maintenance of Effort to provide ongoing funding for programming and services at the facility.
  - It is recommended that the Monitoring Committee or designated subcommittee work with representatives from Miami-Dade County to address operations and management issues at the facility.
  - It is recommended that the Monitoring Committee or designated subcommittee work with staff from Miami-Dade County, Miami-Dade Corrections and Rehabilitation Department, and the Florida Department of Children and Families regarding budget planning and operational costs.
  - In developing an operating budget for the diversion facility, it is recommended that the Monitoring Committee or designated subcommittee consider the various restrictions on funding or financing, particularly those relating to Medicaid reimbursement and the Institutions for Mental Disease (IMD) exclusion that may have a dilatory effect on developing an effective budget.
  - It is recommended that the Monitoring Committee or designated subcommittee address the impact of the pre-paid mental health plan under Medicaid on the mental health service delivery system. Representatives from the Department of Children and Families, the Agency for Health Care Administration, the pre-paid mental health plans, and managed care HMOs

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should be involved in these discussions as well.

- It is recommended that the Monitoring Committee or designated subcommittee convene a *programming and services workgroup* to review and make recommendations regarding services to be provided at the diversion facility. It is strongly advised that all services recommended incorporate evidence based practices and integrated dual-diagnosis treatment for people with co-occurring disorders.
- It is recommended that the Monitoring Committee or designated subcommittee work with Miami-Dade County and relevant State agencies to identify the appropriate allocation of space within the facility to various programs and entities, along with sources of revenues.
- It is recommended that services and programs at the facility be contracted with community-based providers experienced in the delivery of community mental health services in Miami-Dade County.
- It is recommended that planning for service and programs at the facility take into consideration the availability of existing services in the community. Where overlapping services exist, it is recommended that programming considerations work to maximize both existing and future resources.
- To ensure adequate space for treatment and programming needs, it is recommended that residential capacity limit the number of beds on each residential treatment wing to leave adequate space for other programming needs.
- It is recommended that security in the facility be *unit-based* as opposed to *perimeter-based*, to allow graduated levels of access to the facility depending on program purpose and requirements. This security configuration will necessitate design and program considerations, such that secure or locked programs and units will be separated from those which operate around more autonomous and voluntary participation.



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## 11TH JUDICIAL CIRCUIT CRIMINAL MENTAL HEALTH PROJECT SUBCOMMITTEE

Co-Chairs:

- Judge Steve Leifman, 11<sup>th</sup> Judicial Circuit of Florida
- Director Robert Parker, Miami-Dade Police Department
- Hon. Katherine Fernandez Rundle, State Attorney, 11<sup>th</sup> Judicial Circuit of Florida

Six years ago, the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) was formed following a two-day summit meeting of traditional and non-traditional stakeholders who gathered to review how the Miami-Dade community dealt with individuals involved in the criminal justice system due to untreated mental illnesses. The stakeholders were comprised of law enforcement agencies, the courts, public defenders, state attorneys, social services providers, mental health professionals, consumers, and families. The outcome of the summit was both informative and alarming. Many participants were surprised to find that a single person with mental illness was accessing the services of almost every agency and professional in the room; not just once, but again and again. Participants began to realize that people with untreated mental illnesses may be among the most expensive population in our society not because of their conditions, but because of the way they are treated.

The result of this summit was the establishment of the CMHP, which was designed and implemented to divert people with serious mental illnesses who commit minor, misdemeanor offenses away from the criminal justice system and into community-

based care. The program operates both pre-booking and post-booking jail diversion programs; and brings together the resources and services of healthcare providers, social-service agencies, law enforcement personnel, and the courts.

In 2003, the CMHP in collaboration with the Florida Department of Children and Families received a Federal Targeted Capacity Expansion grant from the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services. With technical assistance provided by The National GAINS Center's *TAPA Center for Jail Diversion*, this funding enabled significant growth within the CMHP which has enabled more effective and efficient response to people with mental illnesses involved in the criminal justice system or at risk of involvement in the criminal justice system.



As a result of the services and training provided by the CMHP, individuals in acute psychiatric distress are more likely to be assisted by law enforcement officers in accessing crisis services in the community without being arrested. Individuals who are arrested and booked into the jail are evaluated, and if appropriate, transferred to a crisis stabilization unit within 24-48 hours. Upon stabilization, legal charges are

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typically dismissed, and individuals are assisted at discharge with accessing treatment services, housing, and other entitlements in the community.



The CMHP has resulted in substantial gains in the effort to reverse the criminalization of people with mental illnesses, and serves as a testament to the value and potential of true cross-systems collaboration. The idea was not to create new services, but to merge and blend existing services in a way that was more efficient, pragmatic, and continuous across the system. The Project works by eliminating gaps in services, and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

In their report, the Grand Jury identified the work of the CMHP as offering both cost-effective and promising solutions to many of the problems identified in their investigation. The CMHP Subcommittee was formed to review and implement recommendations that related to jail diversion and linkage to community-based services for individuals involved with or at risk of becoming involved in the criminal justice system. After reviewing the recommendations, the CMHP Subcommittee moved to create several additional workgroups to address specific community

needs. These include the CIT Advisory Committee, the Public Relations Workgroup, the Special Workgroup on Housing, and the Children's Mental Health Workgroup.

## **A. CIT Advisory Committee:**

The CMHP has been instrumental in establishing Crisis Intervention Teams (CIT) in Miami-Dade County, which provide law enforcement officers with skills and techniques to more appropriately respond to individuals with mental illnesses who are in crisis. Officers learn to de-escalate situations and, if necessary, assist the person in crisis in accessing evaluation and treatment services. Arrest is a last resort. Law enforcement agencies that have adopted CIT policing report fewer injuries to officers and the use of lethal force has declined dramatically.



To ensure quality in curriculum, training, and implementation, the CIT Advisory Committee was formed within the CMHP. The Advisory Committee is comprised of CMHP staff and law enforcement personnel from throughout Miami-Dade County who have participated in CIT training and are actively involved in the CIT programs at their respective agencies.

The CMHP has embraced and promoted the Memphis CIT training model throughout

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Miami-Dade County. In keeping with the model, the purpose of CIT training is to set a standard of excellence for the officers with respect to treatment of individuals with mental illness. The goals of CIT are:

- To improve interactions between law enforcement and people with Mental illnesses.
- To prevent the inappropriate restraint, incarceration, and stigmatization of people with mental illnesses.
- To reduce injury to officers, family members, and individuals in crisis.
- To link individuals with mental illness to appropriate treatment and resources in the community.
- To minimize the disproportionate representation of people with mental illnesses in the criminal justice system.



In addition to performing regular duty assignments as patrol officers, CIT officers are called upon to respond to psychiatric crises that present officers face-to-face with complex issues relating to mental illness. Officers receive 40 hours of specialized training in psychiatric diagnosis, suicide intervention, substance use disorders, crisis de-escalation techniques, the role of the family in the care of a person with mental

illness, legal training in mental health and substance abuse issues, and local resources for those in a mental health crisis.



The training is designed to educate and prepare police officers who come into contact with people with mental illnesses to recognize the signs and symptoms of these illnesses and to respond more effectively and appropriately to individuals in crisis. Because police officers are often first responders in these incidents, it is essential that they know how mental illnesses can alter people's behaviors and perceptions. The trained CIT officer is skilled at de-escalating crises involving people with mental illness, while bringing an element of understanding and compassion to these difficult situations.

The following summarizes County-wide CIT accomplishments to date:

- Currently 24 of 32 law enforcement agencies in Miami-Dade County have implemented CIT programs, including every major municipality and the Miami-Dade Police Department.
- A total of 38 CIT trainings (40 hour) have been held since the filing of the Grand Jury's report resulting in a total of 1,067 CIT officers trained throughout the County.

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- A total of 10 CIT Communications (8 hour) trainings have been held resulting in a total of 236 communications personnel trained.
- A total of 7 CIT Refresher trainings (8 hour) have been held resulting in a total of 101 officers trained.
- A CIT training specifically designed for Hostage Negotiators was developed and implemented.
- A training for Police Recruits (8 hour) has been developed and implemented to educate new officers regarding CIT.
- The Miami-Dade Police Department committed to CIT in 2004 and began training in January 2005, resulting in 461 officers trained to date.
- The Miami-Dade Police Department developed a three-tier command structure for CIT resulting in all Field Training Officers and first line supervisors trained.
- All Miami-Dade Corrections and Rehabilitation Department officers currently assigned to mental health floors at the jail have completed CIT training.
- Miami-Dade Corrections and Rehabilitation officers that work on the mental health units of the 8<sup>th</sup> and 9<sup>th</sup> floors of the Pre-Trial Detention Center now receive a 5% pay incentive.
- As of October 2006, two corrections officers have become certified instructors of Crisis Prevention Intervention (CPI), a nationally recognized best practice in non-violent crisis intervention, and are now teaching CPI techniques in CIT trainings.
- Disseminated information to increase awareness of CIT through numerous community presentations.
- The 11th Judicial Criminal Mental Health Project - Jail Diversion Program was awarded a grant by the Advocacy Center for People With Disabilities, Inc. to produce a CIT training video on how to practice non-violent crisis de-escalation techniques.



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A. Crisis Intervention Team Training and Implementation Recommendations			
Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
A1. Implement CIT response at 8 remaining law enforcement agencies in Miami-Dade County. As necessary, this may include the execution of interagency agreements among larger municipalities and smaller ones where establishment of a stand alone CIT program is impractical.	CIT Advisory Committee	January 2008	<ul style="list-style-type: none"> <li>CMHP</li> </ul>
A2. There is a need to collect information to make definitive statements regarding: a) the use and value of CIT in our community and b) the incidence and outcomes of mental health related calls. It is strongly recommended that law enforcement agencies throughout the County utilize a standard form to gather necessary information regarding CIT related service calls ( <i>see Appendix F</i> ). In addition, it is recommended that, where possible, agencies implement in-car electronic data entry systems.	CIT Advisory Committee	July 2007: Implementation of tracking form; Implementation of in-car data entry as possible	<ul style="list-style-type: none"> <li>CMHP in collaboration with County law enforcement agencies</li> <li>Refer to Dade County Association of Chiefs of Police</li> </ul>
A3. Develop compensation incentives for all active CIT officers.	CIT Advisory Committee	Ongoing	Refer to: <ul style="list-style-type: none"> <li>Dade County Association of Chiefs of Police</li> <li>Fraternal Order of Police</li> <li>Police Benevolent Association</li> </ul>
A4. Make available screening procedures/tools to assist agencies in identifying appropriate candidates for participation in CIT program. Recommend utilization of screening for all programs offering a pay incentive.	CIT Advisory Committee	July 2007	<ul style="list-style-type: none"> <li>CMHP</li> </ul>
A5. Develop and implement executive training for law enforcement and corrections command staff.	CIT Advisory Committee	March 2007	<ul style="list-style-type: none"> <li>CMHP</li> </ul>

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A. Crisis Intervention Team Training and Implementation Recommendations			
Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
A6. Continue to provide training and consultation to Miami-Dade Corrections and Rehabilitation Department for officers assigned to work on mental health units at County detention centers.	CIT Advisory Committee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• MDCR</li> </ul>
A7. Given the continuous nature of contact between corrections officers and inmates with mental illnesses, it is recommended that training provided to corrections officers incorporate strategies for supervision of inmates with mental illnesses during both crisis and periods of stable functioning, strategies for keeping inmates productively occupied, strategies for defining and conveying expectations regarding behavior, and strategies for meeting inmates' basic needs on an ongoing basis.	CIT Advisory Committee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• MDCR</li> </ul>
A8. Provide mental health in-service training to all Miami-Dade Corrections and Rehabilitation Department (MDCR) officers.	CIT Advisory Committee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• MDCR</li> </ul>
A9. Make CIT available to officers employed at Department of Juvenile Justice facilities and programs.	CIT Advisory Committee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• DJJ</li> </ul>
A10. CIT Advisory Committee will continue to meet regularly to promote local CIT initiatives as well as collaborate and participate in performance improvement of CIT training. It is recommended that the Advisory Committee include representatives from the Corrections and Rehabilitation Department, as well as any other agencies or organizations in the County that implement CIT programs. In addition, law enforcement and corrections personnel from Miami-Dade County should be represented and should participate in the statewide CIT Coalition.	CIT Advisory Committee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• CIT Advisory Committee</li> </ul>

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A. Crisis Intervention Team Training and Implementation Recommendations			
Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
A11. Continue to review CIT curriculum to promote performance improvement and quality assurance. Place particular emphasis on identifying and implementing evidence-based practices.	CIT Advisory Committee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• CIT Advisory Committee</li> </ul>
A12. The Florida Department of Law Enforcement (FDLE) is currently developing a course entitled “Managing and Communicating with Offenders.” This curriculum focuses on communication with offenders who may have mental illness, substance abuse and co-occurring disorders and is targeted toward law enforcement, corrections, and correctional probation officers. It is recommended that the CMHP review and incorporate elements of this curriculum as appropriate.	CIT Advisory Committee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• CIT Advisory Committee</li> </ul>
A13. It is recommended that PowerPoint presentations on CIT training be developed and included in the curriculum for the Citizen’s Police Academies throughout Miami-Dade County.	CMHP Subcommittee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
A14. Make CIT available to Miami-Dade County General Services Administration and Transit Security personnel.	CMHP Subcommittee	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• Miami-Dade County</li> </ul>
A15. Continue to provide CIT debriefing and technical support to law enforcement and corrections as needed.	CMHP Subcommittee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
A16. Recommend FDLE certify 40-hour CIT training curriculum that qualifies for salary incentives.	CMHP Subcommittee	March 2007	<ul style="list-style-type: none"> <li>• CIT Advisory Committee</li> </ul>
A17. Produce CIT training video to distribute to law enforcement agencies.	CMHP Subcommittee	February 2007	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
A18. Continue to provide CIT training to all Miami-Dade Police Department Court Liaison Officers	CMHP Subcommittee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• MDPD</li> </ul>

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## **B. Public Relations Workgroup:**

The Public Relations Workgroup of the Mayor's Mental Health Task force was charged with identifying key issues related to mental health needing improved visibility in our community. Specifically, the need to improve awareness and use of Crisis Intervention Team (CIT) Police was identified as a priority for this Workgroup. The Workgroup explored and developed comprehensive marketing strategies aimed at improving the use of CIT throughout our community. The following summarizes public relations accomplishments to date:

- Collaboration established between the Public Relations Workgroup, the 11<sup>th</sup> Judicial Circuit's Criminal Mental Health Project (CMHP), The Children's Trust, and Switchboard of Miami to improve awareness of CIT in Miami-Dade County through the use of the 2-1-1 Helpline.
- 2-1-1 operators are now trained to provide information on CIT and other mental health services.
- Information on CIT in Miami-Dade County is now included in the Switchboard of Miami Community Resource Directory.
- Plan established between CMHP and Switchboard of Miami to regularly schedule and provide training on CIT to 2-1-1 Helpline Counselors. Two training sessions completed to date.
- CIT logo developed.
- Informational brochure developed for CIT (*see Appendix G*).
- Collaboration established between the Public Relations Workgroup, CMHP, and Miami-Dade College for the development of a CIT website. Plan to develop a CIT website has been established. Miami-Dade College will host a website design competition, in which students who enter will design a complete CIT website. The student whose website is chosen as the winner will be offered a paid internship with Miami-Dade County's Graphics Department.
- Collaboration established between the Public Relations Workgroup, CMHP, and Miami-Dade County Communications Department to produce and air a CIT Public Service Announcement on Miami-Dade TV..
- Collaboration established between Team Metro, the Public Relations Workgroup, and CMHP for public relations efforts. A CIT public service announcement is set to air in all Team Metro office lobbies and the Team Metro *On-The-Go* Bus once the final edit has been completed.
- CIT information added to the 11<sup>th</sup> Judicial Circuit's website and made available to the general public.
- Including text inserts or information on CIT in utility bills was explored with Florida Power & Light, Comcast, Bellsouth, and Miami-Dade County Water & Sewer Management. All requests were either denied or required financial payment. Requests will be resubmitted.
- Application submitted to Bellsouth for inclusion of CIT information in their Emergency Help Pages. Application was denied.
- Collaboration with several media outlets was established for the purpose of promoting CIT in our community. CIT information was disseminated by Judge Leifman and CMHP staff through interviews on Channel 4, CNN Headline



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News Newsmakers, Miami-Dade TV, Radio Caracol, Radio Mambi, 670AM Radio, and several other radio stations.

- Collaboration established with *Neighbors 4 Neighbors* with the purpose of improving awareness of CIT in South Florida. Information on CIT included on the *Neighbors 4 Neighbors* website.
- Article on CIT, "Avoiding Tragedy: CIT Policing," published in the *Law Enforcement Executive Forum*, May 2006 issue.
- Presentations about CIT made by CMHP staff and Judge Leifman at professional conferences, (ex. 2006 National CIT Conference).
- Several organizations approached for the inclusion of CIT information in local knowledge and health fairs. CIT information included in the 2006 11<sup>th</sup> Judicial Circuit's Administrative Office of the Courts' Knowledge Fair.

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## B. Community Awareness/Public Relations Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
B1. Recommend continued efforts to inform the community about the Crisis Intervention Team program and how to access a CIT officer. In addition, public awareness efforts should include basic information on mental health awareness.	CIT Advisory Committee PR Workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B2. Continue to utilize 2-1-1 The Children’s Trust Helpline to promote CIT awareness and use.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• The Children’s Trust</li> <li>• Switchboard of Miami</li> </ul>
B3. Continue to provide CIT informational training to 2-1-1 The Children’s Trust Helpline counselors.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• The Children’s Trust</li> <li>• Switchboard of Miami</li> </ul>
B4. Utilize CIT logo and informational brochure on all CIT marketing materials and public relations efforts.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B5. Distribute CIT informational brochure to CIT-trained officers for distribution when responding to CIT-related calls.	PR workgroup	January 2007 and ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B6. Distribute CIT informational brochure to public and private mental health treatment facilities and organizations, NAMI, faith-based organizations, colleges and universities, and other community stakeholders.	PR workgroup	January 2007 and ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B7. Complete CIT website development with Miami-Dade College and use chosen website design as official CIT website.	PR workgroup	April 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• Miami-Dade College</li> </ul>
B8. Identify funding sources for CIT website hosting and maintenance.	PR workgroup	April 2007	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>

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## B. Community Awareness/Public Relations Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
B9. Recommend all law enforcement agencies and local resource providers include a link to the CIT website on their websites.	CMHP Subcommittee	April 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• Local law enforcement agencies</li> <li>• Social service referral agencies</li> <li>• Community-based providers</li> </ul>
B10. Market CIT public service announcement to local TV media outlets and obtain commitments to air on their networks	PR workgroup	January 2007	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B11. Continue collaboration with local government, other stakeholders, and media outlets for mental health related public relations campaigns.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B12. Continue to promote CIT awareness through presentations at professional conferences, local knowledge and health fairs, articles in local newspapers, trade publications, peer-reviewed journals, activities coordinated to coincide with mental health awareness events (e.g., national mental health month/week), and informational materials provided to local access and municipal media outlets.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• CIT Advisory Committee</li> </ul>
B13. Identify and pursue funding opportunities for public relations and marketing campaigns.	PR workgroup	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B14. Identify and pursue opportunities for additional information dissemination (e.g., include notices in utility bills, publish articles in Crime Watch newsletters/other local print media).	CMHP Subcommittee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B15. Promote a public relations anti-stigma campaign Countywide in the media and print.	Housing workgroup	July 2007	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>

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## B. Community Awareness/Public Relations Recommendations

Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
B16. It is recommended that all written public relations and informational materials be made available in English, Spanish, and Creole languages.	CMHP Subcommittee	Ongoing	<ul style="list-style-type: none"> <li>• CMHP</li> </ul>
B17. Work with the DCF Consumer Network to develop and implement mental health consumer training focused on interactions with law enforcement officers.	CMHP Subcommittee	October 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• DCF</li> <li>• CIT Advisory Committee</li> </ul>
B18. Recommend informational materials relating to CIT, mental health, and community resources are made available to inmates, family members, and others at adult and juvenile justice facilities. In particular, materials should be made available at the Juvenile Assessment Center and on mental health units/floors of Corrections and Rehabilitation Department facilities.	CMHP Subcommittee	March 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• MDCR</li> <li>• JAC</li> <li>• DJJ</li> <li>• DCF</li> <li>• Community referral sources</li> </ul>

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## **C. Special Workgroup on Housing:**

The Special Workgroup on Housing was convened to address barriers and solutions to accessing housing for people with mental illnesses involved in the criminal justice system. Barriers identified include:

- Lack of affordable housing.
- Lack of adequate and coordinated discharge planning for individuals re-entering the community from institutional settings such as hospitals and jails.
- Lack of income/economic self-sufficiency.
- Criminal charges limit choices in housing.
- Severity of disability.
- Lack of access to quality treatment and services.
- Lack of residential treatment beds.
- Lack of comprehensive assessment of functional capacity and housing needs.
- Fragmented continuum of care.
- Consumers are disempowered.
- Individuals convicted of sexual offenses have extremely limited options for housing and may be dictated by the court.
- Issues related to undocumented immigration.
- Stigma – mental health consumers are perceived as less valuable community members.

The following summarizes accomplishments in the area of housing to date:

- The Board in County Commissioners approved \$100,000 to fund expansion of the County's Interim Assistance Reimbursement Agreement program to serve participants in the CMHP's Jail Diversion Program. Through a partnership between the Social Security Administration and the Miami-Dade County Department of Human Resources, this program enables individuals awaiting approval of entitlement benefits through Social Security to access services and supports immediately upon re-entering the community.
- The Miami-Dade Homeless continuum of care has expanded opportunities for permanent housing for the chronically homeless population. There have been 56 new beds awarded this year and approximately 70 new beds have been requested for next year.
- Since 2005, the Miami-Dade County Homeless Trust has provided an additional \$236,000 to fund crisis outplacement beds (COB) serving chronically homeless individuals with mental illnesses enrolled in the Jail Diversion Program. These additional resources were obtained through increased funding provided by the District 11 DCF SAMH Office and receipt of a direct legislative appropriation awarded to the Homeless Trust. In total, the Homeless Trust now provides \$556,000 in funding to support housing and wrap-around services for people with mental illnesses exiting the criminal justice system through the Jail Diversion Program.



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## C. Housing and Services Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
C1. Develop opportunities for consumer feedback and input to improve housing, treatment and services.	Housing workgroup	July 2007	<ul style="list-style-type: none"> <li>• DCF Consumer Network</li> </ul>
C2. Develop a standardized assessment tool to identify housing, treatment and related services necessary to maintain community integration and tenure.	Housing workgroup	N/A	<ul style="list-style-type: none"> <li>• To be addressed within proposed County Office of Mental Health</li> </ul>
C3. Develop a utilization management system that would include the full continuum of housing.	Housing workgroup	N/A	<ul style="list-style-type: none"> <li>• To be addressed within proposed County Office of Mental Health</li> </ul>
C4. Provide increased funding for Residential Treatment proportionate to the number of individuals with severe mental illnesses in our community.	Housing workgroup	July 2008	<ul style="list-style-type: none"> <li>• DCF</li> </ul>
C5. Continue to develop best practice housing models such as housing first and safe haven programs.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• Homeless Trust</li> <li>• Community-based providers</li> <li>• DCF</li> <li>• MDHA</li> </ul>
C6. Develop additional programs and services to effectively meet the community demand such as, Drop In Centers, Clubhouse programs, FACT Teams and Peer/Support Specialists.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF</li> <li>• Community-based providers</li> </ul>
C7. Ensure co-occurring treatment and services across the continuum of care.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF Co-Occurring Initiative</li> </ul>
C8. Develop innovative program to provide wrap around services to high priority clients living in the community.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF</li> <li>• Community-based providers</li> </ul>

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## C. Housing and Services Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
C9. Develop peer/support specialist positions to engage clients and assist with community integration and support services.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF</li> <li>• DCF Consumer Network</li> <li>• CMHP</li> </ul>
C10. Develop and fund mental health respite beds.	Housing workgroup	July 2008	<ul style="list-style-type: none"> <li>• DCF</li> </ul>
C11. Research best practice models for community reentry for ex-offenders. Based on research plan and develop model program.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• BCC Blue Ribbon Committee for Ex-Offender Re-Entry</li> <li>• MDCR</li> <li>• CMHP</li> </ul>
C12. Collaborate with Miami-Dade County Department of Human Services to implement Interim Assistance Reimbursement Program to provide housing, treatment and services until entitlements begin.	Housing workgroup	March 2007	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• Department of Human Services</li> </ul>
C13. Promote SOAR (SSI/SSDI Outreach, Access, and Recovery) initiatives and develop host sites.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF</li> </ul>
C14. Supportive and competitive employment.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF Employment Initiative</li> </ul>
C15. Recommend establishment of Medicaid Buy-In program as outlined in the Ticket to Work – Work Incentives Improvement Act.	Housing workgroup		<ul style="list-style-type: none"> <li>• Refer to MHTFMC</li> </ul>
C16. Promote additional Section 8 housing for people with psychiatric disabilities.	Housing workgroup	October 2008	<ul style="list-style-type: none"> <li>• Miami-Dade County</li> </ul>
C17. Work to eliminate the bureaucratic process and expedite housing placements for individuals with mental illnesses across the continuum of housing needs.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• Homeless Trust</li> <li>• Community-based providers</li> <li>• MDHA</li> </ul>

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## C. Housing and Services Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
C18. Research and recommend evidence-based practices for providing treatment and housing services to individuals with mental illnesses identified as sexual offenders/predators.	Housing workgroup	Ongoing	<ul style="list-style-type: none"> <li>• DCF</li> <li>• AHCA</li> <li>• Public Defender’s Office</li> </ul>
C19. Recommend the State Legislature fully fund the Sadowski Housing Trust Fund, and establish a set aside for housing for people with mental illnesses. In addition it is recommended that 30% of funding be dedicated to serve very low income individuals and families.	Housing workgroup		<ul style="list-style-type: none"> <li>• Refer to MHTFMC</li> </ul>
C20. Recommend lobbying efforts to challenge federal definition of <i>chronic homelessness</i> , particularly as it applies to individuals re-entering the community from institutional settings.	Housing workgroup		<ul style="list-style-type: none"> <li>• Refer to MHTFMC</li> </ul>
C21. Develop a memorandum of understanding among all agencies/providers serving individuals at risk of homelessness to ensure coordination of discharge planning and referral services.	Housing workgroup		<ul style="list-style-type: none"> <li>• DCF</li> <li>• BCC</li> <li>• Community-based providers</li> <li>• Homeless Trust</li> <li>• MDCR</li> <li>• Florida Department of Corrections</li> </ul>
C22. It is recommended that all county and municipal housing authorities/agencies in Miami-Dade County develop rules regarding eviction proceedings so as not to penalize people with mental illnesses living in public or Section 8 housing that are charged with crimes, and are diverted from the criminal justice system and/or have not been convicted of a crime.	Mental Health Task Force		<ul style="list-style-type: none"> <li>• All county and municipal housing agencies/authorities in Miami-Dade County</li> <li>• MHTFMC</li> </ul>

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## C. Housing and Services Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
<p>C23. It is recommended that the Mental Health Task Force Monitoring Committee work with Legal Services of Greater Miami to develop a set of guidelines and principles regarding people with mental illnesses living in public or Section 8 housing who become involved in the criminal justice system. These guidelines and principles should be distributed to all county and municipal housing agencies/authorities in Miami-Dade County and should clarify local discretion within Federal laws around eviction from public or Section 8 housing as the result of criminal justice system involvement.</p>	<p>Mental Health Task Force</p>		<ul style="list-style-type: none"> <li>• MHTFMC</li> <li>• Legal Services of Greater Miami</li> <li>• Public Defender’s Office</li> </ul>

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## **D. Children's Mental Health Workgroup:**

Co-Chairs:

- Honorable Cindy S. Lederman, Administrative Judge, Juvenile Division 11<sup>th</sup> Judicial Circuit of Florida
- Wansley Walters, Director, Juvenile Services Department, Miami-Dade County

The Children's Mental Health Workgroup was formed as a result of the Mayor's Mental Health Task Force's efforts to address specific recommendations made by the Miami-Dade County Grand Jury. The members of this group were comprised of Task Force members and existing members of the Children's Mental Health Committee of the Florida District 11 Alcohol, Drug Abuse and Mental Health Planning Council for the Florida Department of Children and Family. Although this workgroup was formed after the others workgroups of the Task Force, it has met several times in order to provide recommendations on the issues of children's mental health.

Listed below you will find the recommendations regarding children's mental health issues in Miami-Dade County that have been formulated by committee members:



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## D. Children & Adolescent Needs Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
<p>D1. On August 1, 2006, Medicaid Capitation was introduced to District 11. It is anticipated that this will result in a reduction in the amount of services received. Recommend local funding is made available to cover children’s mental health services that will no longer be covered under Medicaid.</p>	<p>Children’s Mental Health Workgroup</p>	<p>July 2008</p>	<ul style="list-style-type: none"> <li>• The Children’s Trust</li> <li>• The Alliance for Human Services</li> </ul>
<p>D2. Certain populations have proved difficult to treat within the realm of our traditional mental health treatment. One such population is children and adolescents with severe behavioral problems. A sub-group of this population is children with low IQ’s. Resources must be developed in our community to address children and adolescents with severe behavioral problems and low intelligence levels. Local funding can be made available to service providers with expertise in service delivery in these areas.</p>	<p>Children’s Mental Health Workgroup</p>	<p>January 2008</p>	<ul style="list-style-type: none"> <li>• The Children’s Trust</li> <li>• The Alliance for Human Services</li> <li>• DCPS</li> <li>• CPC</li> <li>• Switchboard of Miami</li> <li>• Local mental health providers</li> </ul>
<p>D3. Another challenge the community is attempting to address is the problem presented by an increased number of sexually re-active children who are not being served by agencies providing services for ‘victims’ of sexual abuse. Additionally, the problem of teen parenthood continues to be a concern. There must be a concerted, community-wide effort to provide sex education (including abstinence and safer sex) to youth at all levels of their development. Parenting classes for young adults should also be emphasized in the school system.</p>	<p>Children’s Mental Health Workgroup</p>	<p>August 2008</p>	<ul style="list-style-type: none"> <li>• DCPS</li> <li>• Switchboard of Miami</li> <li>• Local community-based organizations</li> <li>• DJJ</li> </ul>
<p>D4. At this point, the community has begun to address the mental health needs of children ages 0 – 5, but much work still needs to be done in this area. Priority funding must be made available to target service providers with expertise in mental health service delivery for children, ages 0 – 5.</p>	<p>Children’s Mental Health Workgroup</p>	<p>January 2008</p>	<ul style="list-style-type: none"> <li>• The Children’s Trust</li> </ul>

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## D. Children & Adolescent Needs Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
<p>D5. An increase in sadness and hopelessness as it affects female juvenile offenders has been noted in arrested juveniles. More mental health programs must be developed in the community that are gender-specific, and geared to providing services to females, particularly in juvenile justice.</p>	<p>Children's Mental Health Workgroup</p>	<p>January 2008</p>	<ul style="list-style-type: none"> <li>• Youth Crime Task Force</li> <li>• The Alliance for Human Services</li> <li>• Switchboard of Miami Dade</li> <li>• Girls Advocacy Project</li> <li>• Art Spring</li> <li>• DJJ</li> </ul>
<p>D6. Increases have also been noted in bipolar disorders and schizophrenia affecting male and female juvenile offenders. There should be an expansion of the research-based assessment instruments that are currently used to adequately assess youth in order to secure appropriate services for bipolar disorders and schizophrenia affecting male and female juvenile offenders. In general, mental health issues affecting juveniles should be researched and addressed.</p>	<p>Children's Mental Health Workgroup</p>	<p>January 2008</p>	<ul style="list-style-type: none"> <li>• Miami-Dade Juvenile Services Department</li> <li>• DCPS</li> <li>• CPC</li> <li>• Local mental health providers</li> <li>• DJJ</li> <li>• Public Defender's Office</li> </ul>
<p>D7. Funding should be made available to provide services in the transitioning of youth from foster care and juvenile commitment programs to independent living.</p>	<p>Children's Mental Health Workgroup</p>	<p>July 2008</p>	<ul style="list-style-type: none"> <li>• DCF</li> <li>• DJJ</li> <li>• Public Defender's Office</li> </ul>
<p>D8. A lack of parental involvement and knowledge of appropriate available services and parenting skills also exists. More parenting training needs to take place for parents of children needing mental health services and for parents of children with mental retardation. Trainings should emphasize guardianship, behavior management, information about psychotropic medication, and available resources.</p>	<p>Children's Mental Health Workgroup</p>	<p>January 2008</p>	<ul style="list-style-type: none"> <li>• DCPS</li> <li>• Local community-based organizations</li> <li>• Local mental health providers</li> </ul>

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## D. Children & Adolescent Needs Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
D9. The school system is an appropriate venue for mental health service delivery, as a large part of the child’s life evolves around the school. Efforts should be made to involve the school system more in this area, specifically through the use of school based mental health clinics.	Children’s Mental Health Workgroup	August 2007	<ul style="list-style-type: none"> <li>• DCPS</li> <li>• Local mental health providers</li> <li>• Public Health Department</li> <li>• The Children’s Trust</li> </ul>
D10. Children are arrested in the school system for behaviors that appear to be the result of initial psychotic breaks. Training for school personnel should include recognition of psychotic symptoms and episodes in juveniles. This can be accomplished through the use of school based mental health clinics.	Children’s Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• DCPS</li> <li>• Miami-Dade Juvenile Services Department</li> <li>• Local mental health providers and hospitals</li> <li>• The Children’s Trust</li> </ul>
D11. Hospitals and other mental health providers do not have legal authority to provide psychotropic medications to children with mental illnesses whose parents are not available or are deceased. These children often live with relatives who have no authority to authorize this specialized treatment. A court process needs to be developed and implemented that will allow the immediate administration of this treatment so that the child will not linger in the hospital indefinitely.	Children’s Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• Florida Legislature</li> <li>• DCF</li> <li>• Juvenile Judges</li> <li>• State Attorney’s Office</li> <li>• Public Defenders Office</li> </ul>
D12. There should be an elimination of delays in placement in adequate mental health services for children.	Children’s Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• DCF</li> <li>• Local mental health providers</li> <li>• DJJ</li> <li>• Miami-Dade Juvenile Services Department</li> </ul>
D13. Children who have been found ITP (Incompetent to Proceed) due to mental illness or mental retardation should not be transferred to adult court.	Children’s Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• Juvenile Judges</li> <li>• State Attorney’s Office</li> <li>• DJJ</li> </ul>

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D. Children & Adolescent Needs Recommendations			
Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
D14. Gaps in the service delivery system need to be filled with more local funding.	Children's Mental Health Workgroup	Ongoing	<ul style="list-style-type: none"> <li>• The Children's Trust</li> <li>• The Alliance for Human Services</li> <li>• Youth Crime Task Force</li> <li>• DJJ</li> </ul>
D15. A process should be established whereby juveniles who have been found ITP due to mental illness or mental retardation remain in juvenile detention for no more than 15 days as in the adult system.	Children's Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• Juvenile Judges</li> <li>• Public Defender's Office</li> <li>• State Attorney's Office</li> <li>• DJJ</li> </ul>
D16. Expand the assessment and review of adults with mental illnesses involved in the criminal justice system that have children, to provide social services referrals for youth.	Children's Mental Health Workgroup	January 2008	<ul style="list-style-type: none"> <li>• MDCR</li> <li>• The Homeless Trust</li> <li>• CMHP</li> <li>• DJJ</li> <li>• Public Defender's Office</li> </ul>

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## E. Additional CMHP Subcommittee Recommendations

<b>Recommendation:</b>	<b>Workgroup:</b>	<b>Implementation timeline:</b>	<b>Responsible agency/entity:</b>
E1. To minimize the likelihood of psychiatric decompensation and subsequent re-hospitalization, it is recommended that the courts develop and implement a process to expedite hearings for defendants returning from State Forensic facilities following periods of competency restoration.	CMHP Subcommittee		<ul style="list-style-type: none"> <li>• Courts in conjunction with Public Defender’s Office &amp; State Attorney’s Office</li> </ul>
E2. Develop cooperative agreements with private psychiatric facilities in the community to expand diversion options when appropriate and necessary.	CMHP Subcommittee		<ul style="list-style-type: none"> <li>• CMHP</li> <li>• Courts</li> <li>• Public Defender’s Office</li> <li>• State Attorney’s Office</li> <li>• Private treatment facilities</li> </ul>
E3. It is recommended that staff working in the jail review mental health assessment procedures to ensure that evidence based practices are being employed. In particular it is strongly recommended that the screening and identification process incorporate the use of an empirically validated screening tool to minimize the likelihood that inmates with serious mental health needs go undetected.	Mental Health Task Force	July 2007	<ul style="list-style-type: none"> <li>• MDCR</li> <li>• JMH-CHS</li> <li>• CMHP</li> </ul>
E4. It is recommended that a computer information system using non-protected, public information be developed and implemented which will facilitate the efficient and early identification of mental health consumers who are arrested by their respective treatment providers.	Mental Health Task Force	July 2008	<ul style="list-style-type: none"> <li>• CMHP</li> <li>• AOC</li> <li>• DCF</li> <li>• MDCR</li> <li>• Miami-Dade County</li> <li>• JMH-CHS</li> <li>• Community-based providers</li> </ul>



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E. Additional CMHP Subcommittee Recommendations			
Recommendation:	Workgroup:	Implementation timeline:	Responsible agency/entity:
<p>E5. It is recommended that Miami-Dade County establish an Office of Mental Health, overseen by a permanent board of advisors consisting of local leaders and experts from the criminal justice, mental health, social services, government, and business communities, to assist in monitoring County-wide service needs, and to facilitate support, coordination, and integration across the service delivery system. This office shall monitor program performance and outcomes within the mental health diversion facility and the community at large. The Office of Mental Health should also work closely with other social services providers and agencies both within the criminal justice system and the community at large to ensure cross-system collaboration and integration; and provide ongoing oversight and leadership regarding local, State, and Federal mental health policy and finance issues impacting Miami-Dade County.</p>	<p>Mental Health Task Force</p>	<p>October 2007</p>	<ul style="list-style-type: none"> <li>• Miami Dade County</li> </ul>
<p>E6. It is recommended that the State Attorney's Office consider assigning staff to screen felony division defendants to determine eligibility for diversion programs.</p>	<p>Mental Health Task Force</p>		<ul style="list-style-type: none"> <li>• State Attorney's Office</li> <li>• Public Defender's Office</li> <li>• Courts</li> <li>• CMHP</li> </ul>

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## **BAKER ACT/INVOLUNTARY OUTPATIENT PLACEMENT SUBCOMMITTEE**

Co-Chairs:

- Judge Maria Korvick, 11<sup>th</sup> Judicial Circuit of Florida
- Ms. Silvia Quintana, Florida Department of Children and Families
- Hon. Rene Garcia, Florida House of Representatives

The Baker Act/ Involuntary Outpatient Placement (IOP) Subcommittee was formed to review the IOP law under the Baker Act, assess barriers to implementation, and develop an implementation plan. The Baker Act/IOP Subcommittee formed three additional workgroups to address three areas of the IOP law: the Provider/Services Workgroup, the Legal Issues, and the Criteria Work Group. Each work group explored barriers and solutions to implementation of the IOP law, and formulated issue-specific recommendations.

### **A. Provider/Services Workgroup:**

The Provider/Services Workgroup of the IOP Subcommittee was formed to identify an evidence based continuum of care to serve individuals court-ordered into outpatient treatment under the IOP law. Services and treatment models providing the best possibility of recovery for these individuals were explored. In addition, populations to be served as mental health consumers, who meet IOP criteria as defined in the Baker Act, were reviewed. The following recommendations were provided:

1. Recommend individuals committed under the IOP law should be engaged in

a low-demand, recovery focused treatment model that will include:

- a. Case management will be the first point of contact that will assist the person in the formulation of personal goals and objectives. It will be intensive and provided on an outreach basis as needed.
  - b. "Housing First" model with supportive services as necessary
  - c. Physical Examination and Primary Health Care
  - d. Other Psycho-social Services to ensure successful community integration
2. Recommend development of community-based outreach teams that would include therapists, case managers, medical personnel, employment specialists, and peer counselors working from a small residential facility (approximately 12-14 beds) where consumers (up to 100 per team) may visit for a meal or a talk, be housed temporarily if needed and receive essential medical and psychosocial treatment and services as necessary and appropriate.
  3. Recommend additional funding to ensure availability of necessary outpatient treatment interventions as a preventative measure, as well as a response to the increase in service demand created by the implementation of the IOP (as mentioned above).

### **B. Legal Issues Workgroup:**

The Legal Work Group of the IOP Subcommittee was charged with reviewing

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and outlining the background and impact of the implementation of IOP. Key issues and barriers were identified, and include the following:

1. IOP is a non-funded mandate by the State Legislature
2. Chronic shortage of individuals to serve as Guardian Advocates
3. Expanded role of Guardian Advocates will increase liability issues as well as potential danger due to closer and longer-term involvement with patients outside of the hospital setting.
4. Minimum compensation to attorneys serving as Guardian Advocates has been jeopardized causing inability to treat and serve individuals.
5. As outlined by the Office of the State Courts Administrator, implementation of IOP will require additional resources at both the circuit and appellate court levels to support increased judicial caseloads, as well as other court-related functions. Similarly, additional resources will be required to support increased workloads for the State Attorney's and Public Defender's Offices as well.

The following includes recommendations formulated by the Legal Work Group:

1. Recommend that ample funding is provided to address issues above and begin successful implementation of IOP.
2. Recommend language changes using language identified in Florida Statute CH. 765.109 to modify liability for Guardian Advocates to bring more in-line with the Good Samaritan Law and the Health Care Surrogate Law.
3. Recommend inclusion of universal safety precautions and de-escalation techniques in the Guardian Advocate training.

## **C. Criteria Workgroup:**

The Criteria Workgroup of the IOP Subcommittee reviewed the mandated nine part criteria for IOP, and addressed issues pertaining to the special treatment needs of this particular population. The following are the Workgroup's recommendations:

1. Recommend that IOP be utilized for individuals that are frequently hospitalized and/or incarcerated. These would be high recidivists to psychiatric hospitalization and/or jail because they are not compliant with treatment and are the most difficult to serve within the existing mental health system. These would be individuals that pose a great risk to self and/or public safety.
2. Recommend that individuals that meet criteria for IOP have access to all necessary treatment interventions and services upon discharge that are identified by an individualized treatment-planning process and that individuals are engaged by community-based treatment team before release from the CSU/hospital to ensure successful transition to the community.
3. Recommend additional funding to ensure availability of necessary outpatient treatment interventions as a preventative measure, as well as a response to the increase in service demand created by the implementation of the IOP.
4. Recommend that procedures be developed and implemented to ensure treatment compliance and follow-up.

Implementation of IOP will represent significant costs across multiple systems. To decrease the potential demand for IOP, it is recommended that the District minimize gaps in the system by increasing services

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and resources which will allow for more therapeutic lengths of stay in inpatient settings and the availability of more appropriate step-down services to prepare individuals for community re-entry following periods of crisis stabilization and inpatient hospitalization. At present, the Department of Children and Families funds only 63 crisis stabilization unit (CSU), 25 short-term residential treatment (SRT) program, and 52 level II residential treatment facility (RTF) beds – or a total of 140 total beds – to serve an estimated 210,000 residents in Miami-Dade County who experience severe and persistent mental illnesses.

The following recommendations were generated by the Baker Act/IOP Subcommittee as a whole following discussion of workgroup findings and recommendations. Recommendations and resources below apply to any consumer who meets the criteria for IOP:

- Recommend that one additional Crisis Stabilization Unit (CSU) be added to the comprehensive continuum of care in District 11.
- Recommend that two additional Short-term Residential Treatment (SRT) facilities for consumers entering and exiting CSU's and state treatment facilities, be added to the comprehensive continuum of care in District 11.

- Recommend increasing Residential Level II co-occurring beds (63 additional beds).
- Recommend funding of FACT-like low demand/recovery focused outreach teams.
- Recommend State funding of *interim assistance reimbursement program* serving individuals re-entering the community and pending approval of Social Security benefits.
- Recommend Transportation Exception Policy be forwarded to Miami-Dade County's Planning Council for review and recommendations.
- Recommend IOP to be adequately funded in order to implement.

Finally, it should be noted that the Baker Act/IOP Subcommittee concurs strongly with the position of the Grand Jury and the Task Force as a whole that people with mental illnesses should not and must not have to become involved in the criminal justice system to access mental health services:

- Recommend adequate funding for community-based mental health services as a critical, long-term solution to the problem of people with mental illnesses disproportionately represented in the criminal justice system.

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## **MENTAL HEALTH CARE FINANCE, SUSTAINABILITY, AND POLICY SUBCOMMITTEE**

Co-Chairs: Ronald L. Book, Esq., Miami-Dade County Homeless Trust  
David Raymond, Miami-Dade County Homeless Trust

The Mental Health Care Finance, Sustainability, and Policy Subcommittee has functioned primarily in consultation with the other Task Force subcommittees and the Executive Committee on legislative and policy issues. Many of the recommendations contained in this report will require additional legislative, policy, and funding support both within local and State governments. As such, it is recommended that ongoing tasks relating to legislative, policy, and funding issues be referred to a Mental Health Task Force Monitoring Committee to be established to oversee implementation of Task Force recommendations and ongoing projects.

### **Legislative Priorities**

SUPPORT funding for the establishment of grants, awarded to counties statewide on a competitive basis, to reduce the involvement of people with mental illnesses in the criminal justice system.

SUPPORT funding for the development and operation of a mental health diversion facility in Miami-Dade County intended to serve people with mental illnesses involved in the criminal justice system.

SUPPORT policy change to modify liability for Guardian Advocates to equalize protections in line with those afforded Good Samaritans and Health Care Surrogates.



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## **MENTAL HEALTH TASK FORCE MONITORING COMMITTEE (MHTFMC)**

In light of the ongoing nature of many of the tasks outlined in this report, it is recommended that a Mental Health Task Force Monitoring Committee be convened to oversee the implementation of pending recommendations, as well as ongoing tasks relating to the development of the mental health diversion facility. Additionally, the Monitoring Committee should be responsible for working with and providing consultation to local and State government on legislative and policy issues. It is recommended that the Monitoring Committee produce quarterly reports for public dissemination.

It is recommended that the Monitoring Committee be appointed by the Office of the Mayor.

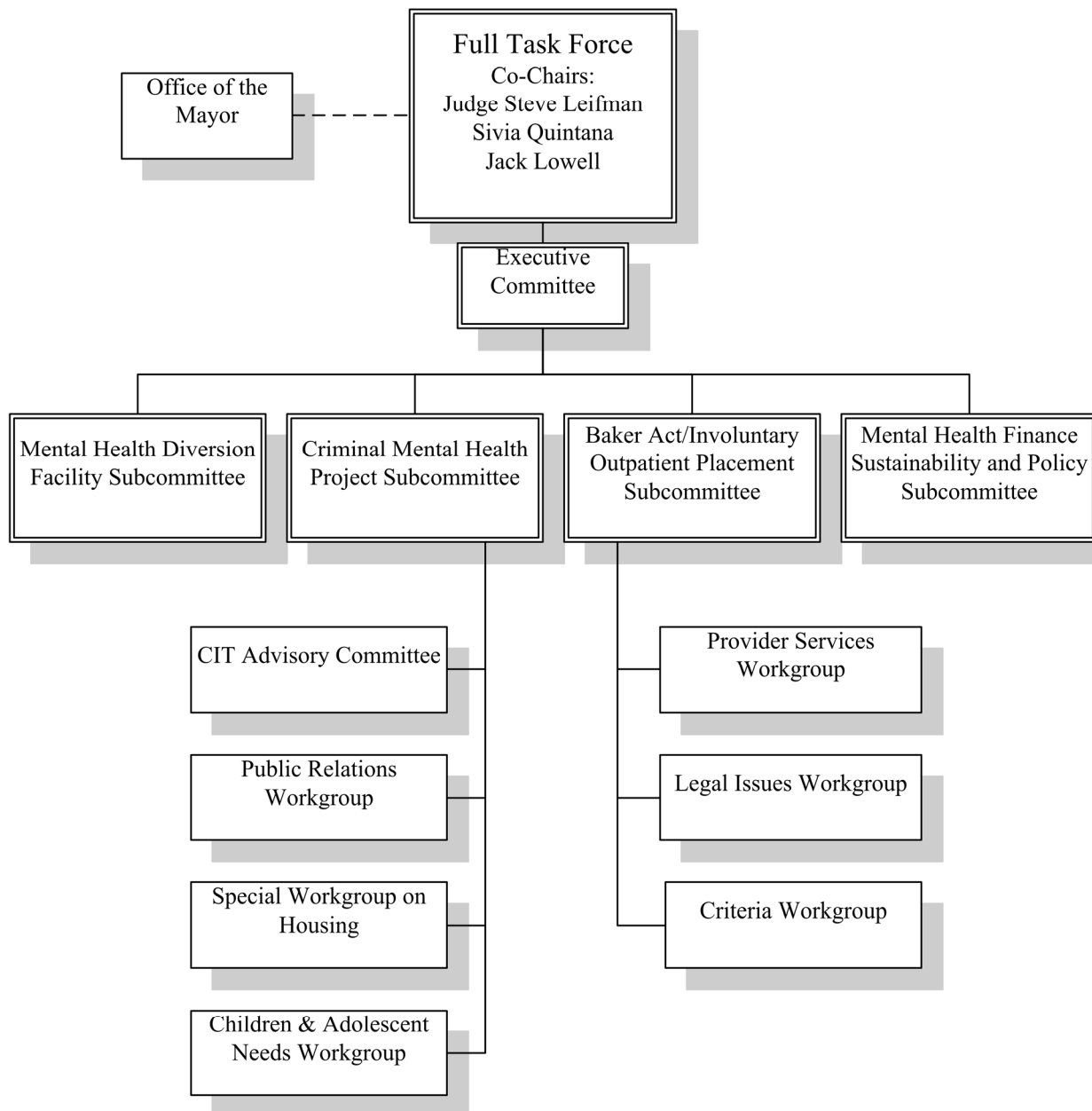
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## APPENDIX A

### Mayor's Mental Health Task Force Organization Chart

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# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

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## APPENDIX B

### Appointed Designees, Subcommittee Participants, & Support Staff:

Vanja Abreu	Valda Clark Christian	Don L. Horn
Darlene Adams	Wayne Clotfelter	Veronia James
Felicia Adler	Tim Coffey	Maricela Jimenez-Rivero
Captain Sebastian Aguirre	Luis Collazo	Donna Johnson
Shazia Akhtarullah	Phillip Collazo	Jeremy Johnson
Marta Alamo	Rebecca Coury	Yocasta Juliao
Scott W. Allen, Ph.D.	Rebecca Cox	Habsi Kaba
Maria Alonso	Luvernice Croskey	Major Kathy Katerman
Daniel J. Alfonso	Ralph Cutié	Yvonne Kelley-Zaldumbide
Imran Ali	Larry S. Davis	Hugh Keough
Lourdes Alteme	Anthony Dawsey	Honorable Lewis Kimler
Dolores Alvarez-Rivero	Ken DeCerchio	Sam Konell
Alicia Apfel, Esq.	Julianne DeMaria	Dawn Knowles-Forbes
Victoria Arias	Linda Derleth	John Kowal
Eduardo Astigarraga	Nelson Diaz	Frank Kudlo
Nicole Attong	Rachel Diaz	Thamara Labrousse
Jean Badio	Yamile Diaz	Honorable Lester Langer
Kale Baker	Windi Donald	Michael Lederberg
Irene Ballart	Deborah Dummitt, Ph.D.	Karen Leonard
Lilia Bandrich	Kathryn Dutton-Mitchell	Murphy Leopold
Bernadette Baeza	Joel Dvoskin, Ph.D.	Elise Linder
Cylenthia Baldwin	H. Scott Fingerhut	Howard Lubel
Kenneth Barker	Honorable Anitere Flores	Marty Lucia, Ph.D.
Tanya Barnes-Reaves	Janice Freistat	Gloria Madison
Diane Beamon	Melvane Fuller	Anders Madsen, Esq.
Robin Bengochea	Reverend Enrique Garcia	Frank Manning
Hugo Benitez	Ronald Felton	Steven E. Marcus, Ed.D.
Richard Benitez	Ileana Garcia	Judy Marsh
Deidre Bethel	Jeannette Garcia-Amodeo	Carlos Martinez
Rosa D. Bergen	Rebeca Garcia-Cartaya	Mark Martinez
Roland Berthold	Barbara Garcia-Lavin	Menachem Mayberg, Esq.
Russell Boley	Elinette Ruiz Garcia-Navarro	Mireya Mayor
Bernie Breiter	Luis Andre Gazitua	Amy McClellan
Freeda Bridges	George Gintoli	Yvonne McCullough
Arthur Brown	Jeremy Glazer	Kevin McDonald
Mae Bryant, Ph.D.	Jennifer Glazer-Moon	Jacqueline Mckeown
Catherimarty Burgos	Carmen Gomez	Sandra McQueen-Baker
Carmen Cantero	Isandra Gonzalez	Kathleen Melo
Emily Cardenas	Juan Gonzalez	Leonel Mesa, Psy.D.
Joanna Cardwell	Nadyne Floyd Grubbs	Maria De La Milera
Roger Carlton	Mohamed Hafidh	Amy Miller
Amy Carswell	Jerry Hall	Allan Monica
Emma Castillo	Kate Hall	Sergeant Chris Moon
Hector Castillo	Jean Haller	Jennifer Morgan
Patricia Cawley	Amrita Hansra	Barry Morris, Ph.D.
Terry Chavez	Gilbert Hernandez-Arranz	Robin Morrison
Richard Chester	Carol Higgins	Linda Moscona
Jose Cid	Jennifer Holtz	Lia Moses

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Tom Mullen  
George Navarrete  
Gladys Negron-Soto  
Portia Newbold  
Wendi Norris  
Tom Ogazon  
Virama Oller  
Magda Orta  
Lee Packer  
Andrea Paler  
Aimee Perera-Duarte  
Alina Perez-Sheppe  
Chiquita Polite  
Stephen Poole  
Kate Prendiville  
Major Kevin Prescott  
Jennifer Quezada  
Sergeant Rita Ramos  
Joe Rasco  
Marylin Rey  
Claudine Richard  
Steve Rings  
James Rivers, Ph.D.  
Maria Robau  
Lourdes Roberts  
Mary-Keen Robinson  
Hilda Rodriguez  
Tracy Rodriguez

Jan Roelofs  
Christopher Rose  
Robert Ruano  
Nancy Rudolph  
Orissa Russ  
Tim Ryan  
Albert Sabates  
Nadia Salibi  
Diana Salinas  
Leland Salomon  
Lolita Samaroo  
Agatha Samuel  
Juan De Los Santos  
Manuel Sarria  
Jon Schmidt  
Suzy Schumer  
Cindy A. Schwartz  
Noaki Schwartz  
Sergeant Jose Seigle  
Adriana Serrano-Santana  
Sheila Siddiqui  
Bradley Simon  
Eugene Shy  
Rosemary Smith-Hoel  
Mary Smith-York  
Sandra Sorrentino  
Jill Sperling  
Elliott Stern

Wayne Sutton  
Jeanne Tamargo  
Taya Taube  
C. Eldon Taylor  
Victoria Teerlink  
Gary Thompson  
Teresa Thompson  
Susanne Torriente  
Juan Carlos del Valle  
Edouard Valme  
Barbara Verk-Shore  
Tonya Vickers  
Fred Victor  
Monica Salgado Vidal  
Claire Villati  
H. Daniel Vincent  
Michael Walker  
Taylor Wall  
Jack Wallace  
Sheila Weiner  
Lynn Westall  
Richard White  
Tyrone W. Williams, Esq.  
Bill Winn  
Scott Woolam  
Mark Zimmer

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## APPENDIX C

### Proposed Criminal Justice and Mental Health Reinvestment Grant Program

Florida Senate - 2007  
35-502A-07

SB 542

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#### SENATE SUMMARY

Creates the Criminal Justice and Mental Health Reinvestment Grant Program within the Department of Children and Family Services for the purpose of providing funds to counties to establish or expand initiatives to improve the accessibility and effectiveness of mental health and substance abuse treatment services for people with mental illnesses and co-occurring substance use disorders in the justice system. Requires the Substance Abuse and Mental Health Corporation to establish a statewide justice and mental health reinvestment grant review committee. Authorizes counties to apply for a 6-month criminal justice mental health reinvestment planning grant. Requires counties applying for the planning grant to establish a local criminal justice mental health planning committee. Requires the Department of Children and Family Services to establish application criteria to be used by the department when awarding 6-month planning grant funds to eligible counties. Requires counties to include certain specified information in the planning grant application submission. Authorizes the department to establish a Criminal Justice and Mental Health Reinvestment Technical Assistance Center. Requires the Department of Children and Family Services to submit an annual report and provides for the issues to be included in the annual report.

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

## APPENDIX D



## Miami-Dade Legislative Item File Number: 062901

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**File Number:** 062901      **File Type:** Resolution      **Status:** Adopted  
**Version:** 0      **Reference:** R-1338-06      **Control:** County Commission  
**File Name:** REINSTATE PROGRAMS FOR FUNDING RE:MENTALLY ILL INMATES      **Introduced:** 10/6/2006  
**Requester:** NONE      **Cost:**      **Final Action:** 11/28/2006  
**Agenda Date:** 11/28/2006      **Agenda Item Number:** 11A11

**Notes: Title:** RESOLUTION URGING THE FLORIDA LEGISLATURE TO ACKNOWLEDGE THE CRISIS THAT NOW EXISTS RELATED TO FLORIDA JAILS AND MENTALLY ILL INMATES; AND REINSTATE PROGRAMS AND FUNDING THAT HAVE BEEN CUT IN THE PAST; DEVELOP AND FUND NEW PROGRAMS TO KEEP MENTALLY ILL INDIVIDUALS OUT OF JAIL AND TREAT MENTALLY ILL INMATES; AND APPROPRIATE SUBSTANTIALLY MORE FUNDS FOR PROGRAMS FOR THE MENTALLY ILL

**Indexes:** JAIL

FUNDS

MENTAL ILLNESS INTERVENTION

**Sponsors:** Barbara J. Jordan

Audrey M. Edmonson

Carlos A. Gimenez

Sally A. Heyman

Katy Sorenson

Jose "Pepe" Diaz

Dorrin D. Rolle

**Sunset Provision:** No

**Effective Date:**

**Expiration Date:**

**Registered Lobbyist:** None Listed

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### Legislative History

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Acting Body	Date	Agenda Item	Action	Sent To	Due Date	Returned	Pass/Fail
Board of County Commissioners	11/28/2006	11A11	Adopted				P
Intergov., Recreation &	10/18/2006	2G	Forwarded to BCC with a favorable				P

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# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

Cultural Affairs  
Cmte.

recommendation

**REPORT:** Commissioners Edmonson and Gimenez asked that they be listed as co-sponsors to the foregoing proposed resolution.

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County Attorney	10/6/2006	Assigned	Jess M. McCarty
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County Attorney	10/6/2006	Assigned	Intergov., Recreation & Cultural Affairs Cmte.	10/18/2006
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## Legislative Text

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### TITLE

RESOLUTION URGING THE FLORIDA LEGISLATURE TO ACKNOWLEDGE THE CRISIS THAT NOW EXISTS RELATED TO FLORIDA JAILS AND MENTALLY ILL INMATES; AND REINSTATE PROGRAMS AND FUNDING THAT HAVE BEEN CUT IN THE PAST; DEVELOP AND FUND NEW PROGRAMS TO KEEP MENTALLY ILL INDIVIDUALS OUT OF JAIL AND TREAT MENTALLY ILL INMATES; AND APPROPRIATE SUBSTANTIALLY MORE FUNDS FOR PROGRAMS FOR THE MENTALLY ILL

### BODY

WHEREAS, Miami-Dade County has the highest percentage of people with mental illness of any urban area in the United States with almost nine percent (9%) of our general population afflicted with mental illness, which is almost three times the national average; and  
WHEREAS, over the last several decades, the State of Florida has not provided adequate psychiatric hospital space or community-based treatment facilities to address the needs of the mentally ill; and  
WHEREAS, in some cases, the State of Florida has closed some state psychiatric hospitals; and  
WHEREAS, mentally ill individuals who don't get proper mental health treatment in the community are at a high risk of being swept into the criminal justice system after they commit crimes; and  
WHEREAS, in the State of Florida, there are now five times as many mentally ill inmates in Florida jails as there are mentally ill patients in Florida mental hospitals; and  
WHEREAS, at present, there are approximately 1,200 mentally ill inmates being housed in Miami-Dade County Corrections and Rehabilitation Department (MDCR) facilities; and  
WHEREAS, county jails in Florida now have become de facto psychiatric facilities that are ill-suited for the needs of the large number of mentally ill inmates housed there, including many who are acutely psychotic and suicidal; and  
WHEREAS, the physical plant of a county jail is not conducive to the stabilization and management of a large mentally ill population; and  
WHEREAS, the cost of providing treatment to incarcerated mentally ill individuals is much higher than providing such treatment in other settings; and  
WHEREAS, the cost of providing care to many mentally ill individuals in effect has shifted from state mental health programs to counties that now are required to provide treatment in county jails; and  
WHEREAS, the number of mentally ill inmates housed in MDCR facilities has reached a crisis level that overwhelms the limited mental health staff available to treat them,  
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

MIAMI-DADE COUNTY, FLORIDA, that this Board:

Section 1. Urges the Florida Legislature to acknowledge the crisis that now exists related to Florida jails and mentally ill inmates, and reinstate programs and funding that have been cut in the past, develop and fund new programs to keep mentally ill individuals out of jail, and appropriate sufficient funds for programs for the mentally ill.

Section 2. Directs the Clerk of the Board to transmit a certified copy of this resolution to the Governor, Senate President, House Speaker, and the Chair and Members of the Miami-Dade County State Legislative Delegation.

Section 3. Directs the Office of Intergovernmental Affairs in conjunction with the County Manager to set up a joint meeting with the Governor, the Senate President, the House Speaker, the Miami-Dade County State Legislative Delegation and the Board of County Commissioners regarding this matter

Section 4. Directs the County's state lobbyists to advocate for the passage of the legislation set forth in Section 1 above, and directs the Office of Intergovernmental Affairs to include this item in the 2007 State Legislative Package.

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# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

## APPENDIX E

### **Draft of Proposed Services for Mental Health Diversion Facility**

The property is improved with a seven-story, multi-wing building used as an institutional mental health evaluation and treatment center.

The 1<sup>st</sup> Floor of the Property offers areas such as: main lobby and reception desk area, the main security station, a nurses' station, visitation area, an area to bring people presenting for services into the facility, a cafeteria for employees, a mail room, interview rooms, main kitchen, administrative offices, and emergency equipment rooms (including a back-up generator and fire pump).

The 2<sup>nd</sup> floor includes medical/dental exam rooms/offices, x-ray services, pharmacy, medical records, and laboratory space.

The amenities the property offers for residents are located between the 1st and 2nd floors, including: an open-air baseball field, a gym, a library, a barber shop, a music room, and an indoor basketball court.

The 3rd and the penthouse are utilized for mechanical equipment.

Floors 4 through 7 (see illustration, next page) each contain two wings monitored from a glass-clad central security/nurses' station. Each wing contains staff offices, treatment areas, kitchen/dining areas, unit nurses' station, and three residential pods. Each pod contains a day room and eight single occupancy resident rooms.

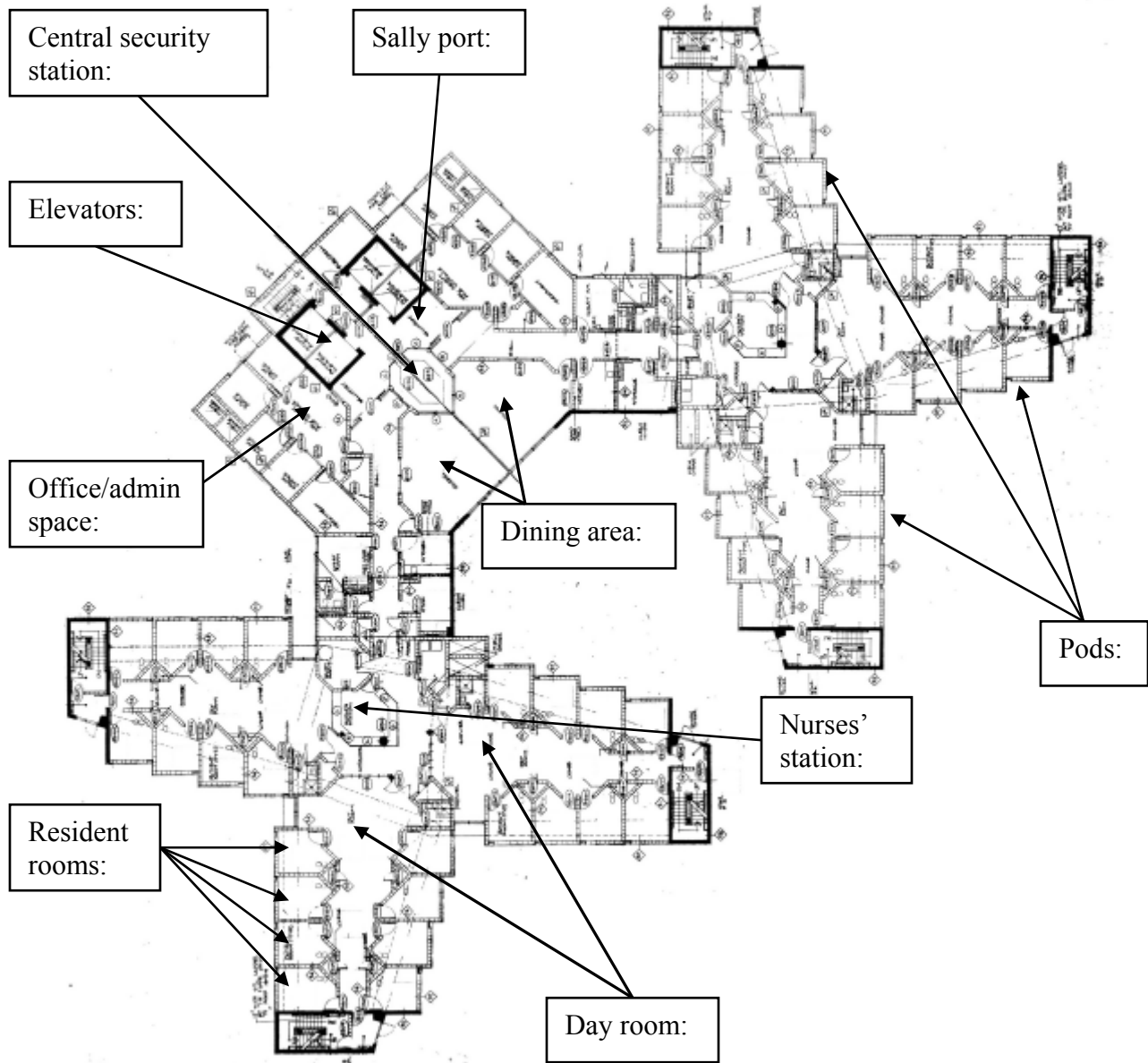
To ensure adequate space for treatment and programming needs, it is recommended that residential areas be limited to 16 beds encompassing two of the three pods per wing, leaving the third pod open for other program needs.

All treatment programs will be required to provide integrated mental health and substance abuse treatment services for individuals with co-occurring disorders.

It is recommended that security in the facility be unit-based as opposed to perimeter-based, as this will allow graduated levels of access to the facility depending on program purpose and requirements. This security configuration will necessitate design and program considerations, such that secure or locked programs and units will be separated from those which operate around more autonomous and voluntary participation. To ensure the overall safety and security of all building occupants, modification to the sally ports of certain units may be required.

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*



**Floor plan for floors 4-7**

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*“Developing a model continuum of care for people with mental illnesses”*

## Proposed programmatic configuration:

Floor:	Use:	No. of beds:	Proposed Operating entity:	Proposed funding source:	Proposed annual funding level:	Possible renovations/upgrades:
7A	Detention unit	16-24	Miami-Dade Corrections & Rehab	Miami-Dade County	TBD	<ul style="list-style-type: none"> <li>Construction of security wall/gate in sally port between patient elevator and central security station.</li> <li>As appropriate, renovate detention cell fronts to incorporate detention screening or polycarbonate viewing panel to facilitate direct supervision.</li> <li>As appropriate, replace any swinging doors with a sliding type to reduce the opportunity for a resident to barricade the door or slam it into staff.</li> </ul>
7B	Detention unit	16-24	Miami-Dade Corrections & Rehab	Miami-Dade County	TBD	
6A	OPEN	16			TBD	
6B	Crisis stabilization unit	16	Community-based provider	DCF	\$1,700,841.60 (\$291.24/bed-day x 16 beds)	<ul style="list-style-type: none"> <li>Remove non-load bearing walls/partitions in 3<sup>rd</sup> (non-residential) pod to create additional program space.</li> <li>Replace fixed furniture in dining areas with movable tables and chairs so that space can be utilized for expanded programming and/or visitation purposes.</li> </ul>
5A	Short-term residential treatment program	16	Community-based provider	DCF	\$1,700,841.60 (\$291.24/bed-day x 16 beds)	
5B	Short-term residential treatment program	16	Community-based provider	DCF	\$1,700,841.60 (\$291.24/bed-day x 16 beds)	

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*“Developing a model continuum of care for people with mental illnesses”*

4A	<ul style="list-style-type: none"> <li>FACT-like/low-demand outreach team</li> <li>Funding for enhancement svcs</li> </ul>	16	Community-based provider	DCF	<ul style="list-style-type: none"> <li>\$1,000,000</li> <li>\$600,000</li> </ul>	(continued) <ul style="list-style-type: none"> <li>Replacement of all maximum security/detention grade furnishings and finishes (e.g., toilets, sinks, etc...) with fixtures and materials that promote a more therapeutic and domestic environment.</li> </ul>
4B	<ul style="list-style-type: none"> <li>FACT-like/low-demand outreach team</li> <li>Funding for enhancement svcs</li> </ul>	16	Community-based provider	DCF	<ul style="list-style-type: none"> <li>\$1,000,000</li> <li>\$600,000</li> </ul>	
3	Mechanical equipment	0	Miami-Dade County	Miami-Dade County	TBD	<ul style="list-style-type: none"> <li>All necessary upgrades/maintenance of physical plant.</li> </ul>
2	Medical/dental, pharmacy, labs, possible detox beds/sobering center	?	Community-based medical provider	Federal, state, local resources	TBD	
2	Various psychosocial rehab, voc rehab, recreational programs	0	Community-based providers		TBD	
1-2	Other programs/services (e.g., Social Security, DCF, VA, legal services, etc...)	0			TBD	
1	Administration, reception area, County Office of Mental Health, security, etc...	0	Miami-Dade County	Miami-Dade County	TBD	



# APPENDIX F – DRAFT: Mental Health Call Tracking Form

Case #:

Signal:	Date: _____/_____/_____	Time: _____:_____	Location: _____ <input type="checkbox"/> ALF
Subject name: _____		DOB: _____/_____/_____	Race/ethnicity (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Home address: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary language: <input type="checkbox"/> Eng <input type="checkbox"/> Sp <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____
City: _____	State: _____	ZIP: _____	Phone: _____

Call initiated:  by dispatch  self-initiated  in response to call for back-up  other: \_\_\_\_\_

<p><b>Nature of incident</b> (check all that apply):</p> <input type="checkbox"/> Disorderly/disruptive behavior <input type="checkbox"/> Neglect of self <input type="checkbox"/> Public intoxication <input type="checkbox"/> Nuisance (loitering, panhandling, trespassing) <input type="checkbox"/> Theft/other property crime <input type="checkbox"/> Drug-related offense <input type="checkbox"/> Suicide threat or attempt <input type="checkbox"/> Threats or violence to others <input type="checkbox"/> Other, specify: _____	<p><b>Complainant relationship</b> (check one):</p> <input type="checkbox"/> Partner/spouse <input type="checkbox"/> Boyfriend/girlfriend <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other family member <input type="checkbox"/> Friend/acquaintance <input type="checkbox"/> Business owner <input type="checkbox"/> Police observation <input type="checkbox"/> Stranger <input type="checkbox"/> Other, specify: _____	<p><b>Disposition</b> (check all that apply):</p> <input type="checkbox"/> No action/resolved on scene <input type="checkbox"/> On-scene crisis intervention <input type="checkbox"/> Contacted mental health professional <input type="checkbox"/> Subject arrested: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Transported for evaluation/treatment: Facility: _____ _____ _____ <ul style="list-style-type: none"> <li>• Type of unit:  <input type="checkbox"/> Mental health crisis <input type="checkbox"/> ER</li> <li>• Type of transport:  <input type="checkbox"/> Exparte Order  <input type="checkbox"/> Baker Act  <input type="checkbox"/> Marchman Act  <input type="checkbox"/> Medical care</li> </ul>
<p><b>Threats/violence/weapons</b></p> Did subject use/brandish a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If YES, type of weapon (Check all that apply): <input type="checkbox"/> Knife <input type="checkbox"/> Gun <input type="checkbox"/> Other, specify: _____ <ul style="list-style-type: none"> <li>• Did subject threaten to harm self  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know                      If YES, specify threat: _____</li> <li>• Did subject harm/attempt to harm self  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know                      If YES, specify behavior: _____</li> <li>• Did subject threaten to harm others  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know                      If YES, specify threat: _____</li> <li>• Did subject harm/attempt to harm others  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know                      If YES, specify behavior: _____</li> </ul>	<p><b>Incident injuries:</b></p> Were there any injuries during incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If YES, to who?: <input type="checkbox"/> Subject <input type="checkbox"/> LEO <input type="checkbox"/> Complainant <input type="checkbox"/> EMT/other responder <input type="checkbox"/> Bystander <input type="checkbox"/> Other: _____ Was Fire-Rescue called? <input type="checkbox"/> Yes <input type="checkbox"/> No Unit Number: _____	<p><b>Prior contacts</b> (check all that apply):</p> Known person (from prior police contacts) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Repeat call within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p><b>Type of force used</b> (check all that apply):</p> <input type="checkbox"/> Verbal direction only <input type="checkbox"/> Cuffs <input type="checkbox"/> Chemical agent <input type="checkbox"/> Electronic device <input type="checkbox"/> Other: _____	<p><b>Drug/alcohol involvement:</b></p> Evidence of drug/alcohol intoxication <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If YES: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other drug, specify: _____ <input type="checkbox"/> Don't know	<p><b>Reporting officer</b> (print &amp; sign):                  _____                  _____</p>
<p><b>If diverted to mental health crisis facility, charge that person could have been arrested for:</b></p> <input type="checkbox"/> Property offense <input type="checkbox"/> Crime against person <input type="checkbox"/> Public order offense <input type="checkbox"/> Drug offense <input type="checkbox"/> Other: _____	<p><b>Witness/subject reports:</b></p> <input type="checkbox"/> History of mental illness <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Is individual currently in treatment? Where?: _____ <input type="checkbox"/> Noncompliant with medication <input type="checkbox"/> Ran out of medication <input type="checkbox"/> Other: _____ Witness name: _____ Contact info: _____	<p><b>Badge No:</b> _____</p> <p><input type="checkbox"/> CIT trained officer  <input type="checkbox"/> Non-CIT trained officer</p> <p><b>Supervisor's review signature &amp; ID:</b>                  _____</p>

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*“Developing a model continuum of care for people with mental illnesses”*

## APPENDIX G – CIT Informational Brochure

### PROGRAM GOALS

- To make jail the last resort when appropriate by diverting individuals with mental illnesses to community based treatment and services
- To provide linkages to comprehensive treatment and services

### CIT POLICING

CIT officers receive 40 hours of specialized training on how to respond to situations involving mental illness. CIT officers are designated to respond to crisis situations involving people with mental health needs.

### HELPFUL COMMUNITY RESOURCES

**Mobile Crisis Team (305) 774-3616/ (305) 774-3617**

An outreach service that provides mobile crisis intervention and assessment for adults 24 hours a day

**Children's Trust 2-1-1 Helpline**

Dial 2-1-1 for adult and children's social services information and referrals, and crisis counseling

**National Suicide Prevention**

**Lifeline 1-800-273-TALK**

For help during a suicidal crisis

**Homeless Helpline 1-877-994-HELP**

Assistance offered if you are homeless or at risk of becoming homeless

### CRISIS INTERVENTION TEAM POLICE

**HELPING PEOPLE WITH MENTAL ILLNESSES**



**Dial 9-1-1 for CIT Assistance**



# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*“Developing a model continuum of care for people with mental illnesses”*

## FREQUENTLY ASKED QUESTIONS

### What does a CIT officer do?

CIT officers respond to crisis calls involving possible mental health issues. They evaluate the situation, and if needed de-escalate and transport individuals experiencing a crisis to appropriate receiving facilities. Evaluation, treatment, and referrals are provided as necessary by the receiving facilities, and the individual is diverted from arrest.

### When do I call for a CIT officer?

It is appropriate to call for a CIT officer when you need immediate assistance with a mental health crisis situation.

### What do I do if I need immediate help or have a mental health emergency?

In the event of an emergency, please call 9-1-1 and state the emergency involves a person with mental illness. Provide the 9-1-1 call-taker with as much information as possible.

### What do I do if I do not have an emergency, but still need help?

If you do not have an emergency, you can call 2-1-1, The Children's Trust Helpline, for appropriate social services referrals.

### How can I get more information about CIT or find out if CIT is operating in my area?

If you do not have an emergency and you would like more detailed information about CIT in your

area please call 2-1-1 or contact the Jail Diversion Program at (305) 548-5319 Monday-Friday 8AM to 5PM, or email: [jaildiversion@jud11.flcourts.org](mailto:jaildiversion@jud11.flcourts.org)



### HELPING PEOPLE WITH MENTAL ILLNESSES

Richard E. Gerstein Justice Building  
1351 NW 12 Street  
Room 226  
Miami, FL 33125

Phone: 305-548-5319  
Fax: 786-416-0920  
E-mail: [jaildiversion@jud11.flcourts.org](mailto:jaildiversion@jud11.flcourts.org)

# MIAMI-DADE COUNTY MAYOR'S MENTAL HEALTH TASK FORCE

*"Developing a model continuum of care for people with mental illnesses"*

## APPENDIX H

### List of Acronyms

<b>AHCA:</b>	Florida Agency for Health Care Administration
<b>AOC:</b>	Administrative Office of the Courts
<b>BCC:</b>	Miami-Dade County Board of County Commissioners
<b>CIT:</b>	Crisis Intervention Team
<b>CMHP:</b>	11 <sup>th</sup> Judicial Circuit Criminal Mental Health Project
<b>COB:</b>	Crisis Outplacement Bed
<b>CPC:</b>	The Children's Psychiatric Center
<b>CPI:</b>	Crisis prevention intervention
<b>CSU:</b>	Crisis Intervention Unit
<b>DCF:</b>	Florida Department of Children and Family Services
<b>DCPS:</b>	Dade County Public Schools
<b>DJJ:</b>	Florida Department of Juvenile Justice
<b>FACT:</b>	Florida Assertive Community Treatment
<b>FDLE:</b>	Florida Department of Law Enforcement
<b>IOP:</b>	Involuntary Outpatient Placement
<b>ITP:</b>	Incompetent to proceed to trial
<b>JAC:</b>	Juvenile Assessment Center
<b>JMH-CHS:</b>	Jackson Memorial Hospital – Corrections Health Services
<b>MDCR:</b>	Miami-Dade Corrections and Rehabilitation Department
<b>MDHA:</b>	Miami-Dade Housing Agency

# **MIAMI-DADE COUNTY MAYOR’S MENTAL HEALTH TASK FORCE**

*“Developing a model continuum of care for people with mental illnesses”*

- MDPD:** Miami-Dade Police Department
- MHTFMC:** Mental Health Task Force Monitoring Committee
- MMHTF:** Mayor’s Mental Health Task Force
- SAMH:** Substance Abuse and Mental Health
- SFETC:** South Florida Evaluation and Treatment Center
- SMI:** Serious Mental Illness(es)
- SOAR:** SSI/SSDI Outreach Access and Recovery initiative
- SRT:** Short-term Residential Treatment program
- SSI:** Supplemental Security Income
- SSDI:** Social Security Disability Insurance









**OFFICE OF THE MAYOR  
MIAMI-DADE COUNTY, FLORIDA**

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