

Changing Course For More Cost-Effective Solutions



2009 Annual Report



www.samhcorp.org

"The current system leads to too many non-violent individuals being incarcerated, too many prisons needing to be built at astounding public cost, too many young people moving from the juvenile justice system into the adult justice system, and too many ex-offenders going back to prison because, while behind bars, they received little or no job training, mental health and substance abuse treatment, and the necessary life-skills tools to legitimately re-enter civil society."

—Letter to Governor Crist from Florida's Smart Justice Coalition

The Florida Substance & Mental Health Corporation 2010 Legislative Imperatives

It is imperative that the Governor and Legislature take the following actions:

- Fully fund the community mental health and substance abuse services within the Department of Children and Families (DCF), Corrections (DOC) and Juvenile Justice (DJJ), including DCF community-based programs, DOC substance abuse community-based treatment, and DJJ Juvenile Assessment Centers.
- Redirect deep-end juvenile and corrections funding to diversion, community services, and re-entry initiatives.
- Continue the \$3 million appropriation for 11 existing implementation grants and appropriate \$1 million in non-recurring funds for planning grants for 10 additional counties through the Criminal Justice Substance Abuse and Mental Health Reinvestment Grant.
- Create a statutory set-aside within the State Apartment Incentive Loan program under the Housing Trust Funds for the creation of housing for special needs households and for Extremely Low Income households (30 percent or below of state or local median income).

Introduction

The Legislature created the Florida Substance Abuse and Mental Health Corporation, an independent, non-profit corporation, to oversee delivery of the state's publicly funded substance abuse and mental health services and make recommendations to the Governor and the Legislature.

In 2007, the Legislature directed the Corporation to administer the Criminal Justice Substance Abuse and Mental Health Reinvestment Grant that currently funds matching grants to 11 Florida counties for implementation of programs to divert persons with substance abuse and mental health disorders from the criminal justice system. Twelve grants were awarded to counties to begin planning for similar diversion programs.

The Corporation's work is guided by a board of directors appointed by the Governor, the President of the Senate, and Speaker of the House. Statutory ex-officio members represent the Florida Association of Counties, Department of Children and Families, Agency for Healthcare Administration and Department of Elder Affairs.

Since its inception, the SAMH Corporation has emphasized four research-based principles critical in guiding policy set by the Governor and the Legislature:

- Treatment and prevention work.
- Treatment and prevention provide substantial cost benefits and cost offsets.
- Failure to provide effective community-based treatment results in unnecessary deep-end treatment costs, incarceration, and significant long-term adverse economic and social consequences.
- Savings from reduced recidivism rates can provide the necessary funding for substance abuse and mental health treatment as inmates reenter their communities.



The choice for governors and state legislators is this: either continue to tax their constituents for funds to shovel up the wreckage of alcohol, drug, and nicotine abuse and addiction or recast their priorities to focus on preventing and treating such abuse and addiction.

— National Center on Addiction and Substance Abuse

2009 Accomplishments

- Expanded community-based substance abuse and mental health services and coordinated strategies in 23 Florida counties through the Criminal Justice Mental Health and Substance Abuse (CJMHS) Reinvestment Act. These matching grants generate \$21.6 million over three years and divert people with serious mental illness, substance abuse, and co-occurring disorders from jails, hospitals, and crisis units.
- Provided education, training, and collaborative opportunities among the CJMHS partners and state and local government agencies by hosting the Corporation's Second Annual Reinvestment Conference.
- Enhanced interagency collaboration through the CJMHS Policy Council.
- Commissioned a landmark study revealing the \$40 billion economic impact of alcohol and drug abuse on Florida. The Corporation held a press conference to announce the results of the study with representatives from the Department of Corrections, Department of Children and Families, Florida Association of Counties, Florida Tax Watch, Florida Alcohol and Drug Abuse Association, and the Florida Office of Drug Control. Media coverage of the study appeared across the state.
- Hosted a webinar on the economic impact study attended by 100 individuals from across Florida.
- Developed a webinar with the Department of Elder Affairs on the dangers of prescription drug abuse for seniors and on the safe handling of used prescriptions to prevent their illegal use for presentation in 2010.
- Served as a clearinghouse of information for Florida's mental health and substance abuse treatment stakeholders and advocacy community.
- Provided a voice for individuals with mental illness, substance abuse, and co-occurring disorders and their families.
- As a member of the Smart Justice Coalition, helped plan the Collins Center for Public Policy's Criminal Justice Summit held November 16-17, 2009 and provided the 250 attendees a resource guide on Florida criminal justice system diversion programs for individuals with substance abuse, mental health, and co-occurring disorders.
- Issued a report on current Florida statutes governing pre-trial diversion for first-time drug offenders.
- Issued a report on federal tax incentives available to Florida businesses that hire ex-offenders.
- Provided recommendations to the Department of Children and Families on proposed Baker Act legislation and for a workgroup on the Marchman Act.



Time for a Course Change

The huge number of people with mental health and substance abuse problems in Florida's criminal justice and corrections systems continues to be a major policy issue, creating a fiscal burden for taxpayers and a burden for the individuals deprived access to appropriate treatment. Providing alternatives to incarceration for adults and juveniles with mental health and substance use disorders is critical to addressing this crisis. Florida's best interest is served when its citizens live and work successfully in their home communities and spend less time in hospitals, crisis units, jails and prisons and less time on the streets.

Inadequate levels of treatment in communities across the state also affect the lives of children and adults who may never become involved in the criminal justice system but whose health, safety and future may depend their ability to get treatment.

The consequences of untreated alcohol and drug use in Florida were well documented in a comprehensive study released in November 2009 by the Corporation, the Florida Alcohol and Drug Abuse Association, and Spectrum Programs, Inc. The analysis showed that illness, crime, and other adverse events related to alcohol and drug abuse are costing Florida more than \$43 billion a year — the equivalent of a third of the state's budget. More than \$21 billion annually is lost due to alcohol use and \$22.6 billion is incurred due to drug use.

The 2009 Annual Economic Impact of Alcohol and Drug Use in Florida study, conducted by Rhonda Bohs, Ph.D. and Bisma Sayed, M.S.W., also underscored the human toll of substance abuse.

Among their findings were that each year in Florida:

- Alcohol abuse causes more than 6,300 deaths

- Drug abuse takes the lives of nearly 4,500 Floridians
- Alcohol abuse causes crimes that victimize more than 63,000 people
- 162,000 drug-related crimes are committed

Florida's current economic crisis demands that we not abandon efforts to transform the state's mental health and substance abuse system. What is needed is a balanced approach that targets limited tax dollars to prevention and treatment services that have been shown to reduce spending on more costly, deep-end programs.

This change of course in how tax dollars are invested will support the system transformation that has been a major goal of legislators and advocates alike for the past decade. The key to bringing about this transformation is for Florida's leaders to focus on prevention, treatment, supportive housing and employment and to undertake strategies to promote sound social policy, adequate funding to meet existing need and development of recovery-oriented systems of care to support better treatment outcomes.

Transformation of the substance abuse and mental health care system in Florida requires short-term and long-term solutions to improve outcomes for people with mental illness, substance use disorders, and co-occurring disorders.

To accomplish this goal, Florida must fully assess mental health and substance abuse treatment needs across all state agencies.

The Corporation stands ready to accomplish this task and report to policymakers by November, 2010.

2010 Imperatives

Additional Budget and Policy Recommendations

1. Expand community substance abuse programs for inmates reentering the community. There are currently 1,000 unfunded empty community substance abuse treatment beds available.
2. Enact the Community Mental Health and Substance Abuse Treatment Crime Reduction Act proposed by the Department of Children and Families and the Florida Supreme Court.
3. Enact the 2010 Juvenile Justice Reform Act.
4. Provide incentives for special needs housing in support of recovery efforts and create programs to provide rental assistance for individuals with mental illnesses and substance abuse disorders who are being discharged from jails and prisons.
5. Support efforts to remove the cap and fully appropriate Sadowski Housing Trust Fund dollars for Florida's housing needs.
6. Require standardization of Medicaid HMO authorization procedures and reinvestment of HMO paybacks for failure to meet medical loss ratios in the community mental health system.
7. Amend state Medicaid policy to allow people with disabilities to retain their healthcare coverage through Medicaid and obtain employment that pays a competitive wage.
8. Develop incentives to reduce the use of seclusion and restraint on students with disabilities in public schools.
9. Enact legislation to reduce the availability of alcohol for youth through social and retail access.
10. Fund Juvenile Assessment Centers in every circuit.
11. Expand access to the DJJ Redirection program to realize additional savings.
12. Prevent further DJJ involvement by expanding Children's Community Action Team funding through DCF.



Florida is spending nearly \$3 billion a year on prisons—10% of the state's general fund. An additional 8,733 prison beds at a cost of \$309 million are currently authorized. Based on estimates of mental illness among Florida's prison inmates, 17% of those new beds will be occupied by offenders with a mental health diagnosis.

The Hourly Costs of Alcohol and Drug Use in Florida

The economic impact of drug and alcohol use in Florida is significant and affects every level of the state, from our streets to our classrooms. The devastation is not just economic, but also deeply personal.

Each hour in Florida:



- \$2.6 million is lost as a result of drug use
- \$393,000 is spent due to crimes committed because of drugs
- \$11,857 is spent on hospitalization due to drug use
- \$1 million is lost due to injuries caused by alcohol
- Alcohol costs hospitals nearly \$12,000 in lost charges
- \$392,000 is spent due to alcohol attributable crimes
- One person loses their life due to alcohol and drug use
- Drug abuse sends 2 people to the hospital for treatment

Source: *The Annual Economic Impact of Drug and Alcohol Use in Florida*, Bohs and Sayed 2009, sponsored by the Florida Substance Abuse & Mental Health Corporation, the Florida Alcohol & Drug Abuse Association and Spectrum Programs and Miami Behavioral Health Center .

The Florida Department of Corrections estimates more than 65,000 of Florida's inmates and 93,000 offenders on probation have a substance abuse problem and are in need of treatment.

Florida's Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Counties

Planning counties

Charlotte
Citrus
Duval
Flagler
Lake
Marion
Martin
Monroe
Osceola
Palm Beach
Sumter
Volusia

Implementation counties

Alachua
Broward
Hillsborough
Lee
Leon
Miami-Dade
Nassau
Orange
Polk
St. Lucie
Pinellas

Quick Facts

The high costs of incarceration and state hospital care:

- \$55,000 for a prison bed
- \$64,400 for a juvenile commitment bed
- \$125,022 a year to operate a state forensic hospital bed

Florida 2009 Drug Control Strategy

The Corporation strongly endorses the newly released drug control strategy for Florida and supports the four broad goals presented in the Strategy:

- Goal 1.** Protect Florida's youth.
- Goal 2.** Reduce the demand for drugs.
- Goal 3.** Reduce the supply of drugs.
- Goal 4.** Reduce the human suffering, moral degradation, and harmful social, health, and economic consequences of drug abuse and addiction in Florida.

The Corporation will work with the Office of Drug Control to implement the 53 objectives listed in the 2009 strategy. The Corporation recommends special attention to be given the following 10 objectives.

Objective 1-1

The Department of Children and Families' Substance Abuse Prevention Office and Family Safety Office will create a system of substance abuse screening, assessment, intervention and treatment for children and their families involved in the child welfare system.

Objective 1-7

The Department of Health is to raise awareness among pregnant women and prenatal healthcare providers in order to increase to at least 80 the percentage of pregnant women who report talking with a prenatal healthcare provider about how drinking alcohol, smoking and using illegal drugs during pregnancy can affect unborn children.

Objective 2-6

The Office of Drug Control and the Department of Children and Families will develop and implement an adult substance abuse survey.

Objective 2-13

Increase total funding for prevention by 15 percent by July 2012.

Objective 2-16

Implement a co-occurring system of care and ensure that all substance abuse and mental health treatment providers are co-occurring capable.

Objective 2-17

Increase Medicaid funding of substance abuse services by 20 percent by July 2012.

Objective 2-20

Support efforts that all county health departments will screen for substance abuse and mental health disorders as part of routine health services and refer individuals to treatment as needed.

Objective 2-21

Increase the number of primary care settings that use universal, evidence-based substance abuse and mental health screening and brief interventions to reduce substance abuse across the life span.

Objective 2-26

Expand the number of clients served in drug courts by 25 percent and support efforts to identify permanent funding to sustain the long-term operation of drug courts.

Objective 3-10

Implement a Prescription Drug Monitoring Program to reduce prescription drug diversion and abuse.



Florida's Treatment Gap

In the absence of adequate intervention and treatment, large numbers of individuals with mental illness and substance use disorders are becoming enmeshed in Florida's justice system. Those who are cycling through local jails and courts are a continuing public health and safety challenge for many counties.

Community mental health and substance abuse services providers are unable to meet the treatment needs of this growing population with existing resources, and local corrections officials have become de facto treatment providers.

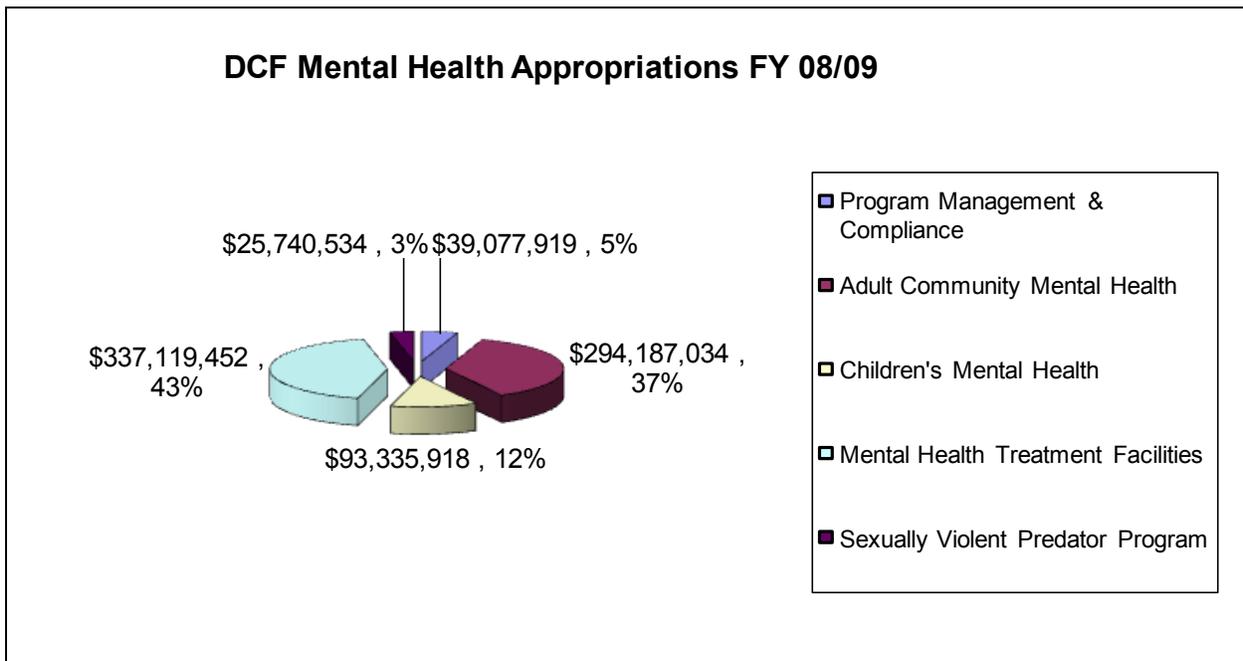
By combining the infrastructure and services created by the Reinvestment Grants, drug courts and the proposed Community Mental Health and Substance Abuse Treatment and Crime Reduction Act, Florida will be on its way to developing a system-wide, integrated treatment system that can be a model for reform in other states.

To achieve this goal, Florida must continue to support best practices and initiatives to divert people from incarceration to treatment when

appropriate, identify and treat people while incarcerated and provide comprehensive re-entry planning to reduce recidivism and increase public safety.

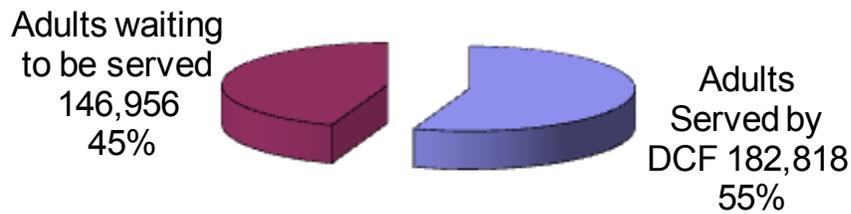
It is also essential that Florida fund community mental health and substance abuse treatment providers to develop sufficient capacity to meet the treatment and support needs of individuals diverted or released from incarceration.

Data from the Department of Children & Families for FY 2008-2009 show that current service levels fall far short of meeting the needs of Floridians who must depend on publicly-funded programs for treatment. The following charts show the allocation of adult mental health funds, and illustrate the continuing gap between the needs of Floridians who require publicly-funded services and the availability of those services.



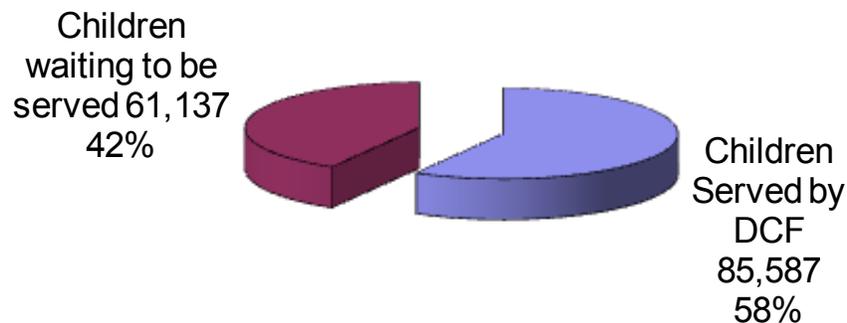
Florida's Treatment Gap

DCF Funded Adult Mental Health Treatment



It is estimated there are approximately 329,774 adults with serious mental illness in need of publicly-funded services. During FY 2008-2009, the DCF served 161,469 adults with serious mental illness in community mental health programs.

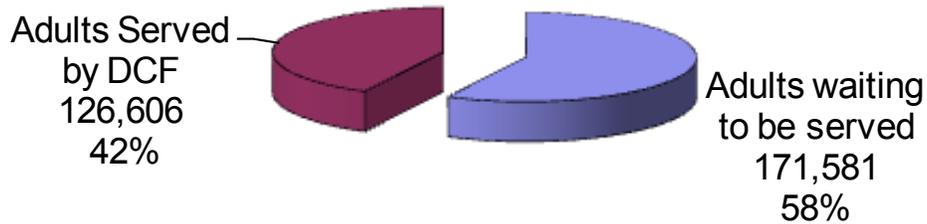
DCF Funded Child Mental Health Treatment



Approximately 146,724 children in Florida have a serious emotional disturbance and need publicly-funded services. During FY 2008-2009, DCF treated 85,587 in community mental health programs.

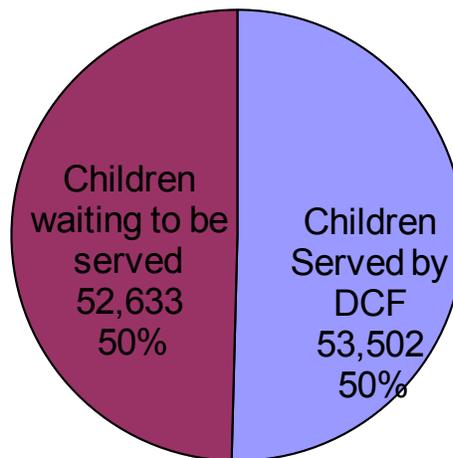
Florida's Treatment Gap

DCF Funded Adult Substance Abuse Treatment



An estimated 1,253,917 adults in Florida need of substance abuse services. Of these, an estimated 413,793 adults would seek services if available. In FY 2008-2009, DCF provided services to 123,606 adults. The waiting list for services averages 1,300.

DCF Funded Child Substance Abuse Treatment



Based on the results of the Florida Youth Substance Abuse Survey, 321,622 children need substance abuse services and 106,135 would seek services if available. In FY 2008-2009, DCF served 53,502 children. Typically, there have been 200 children per month on a waiting list for services.

Safe and affordable housing

For Floridians who live with substance abuse or mental illness, decent housing is a significant unmet need, yet it has been shown as essential to recovery. People with these conditions are often unable to keep their jobs or earn the minimum wage. For example, a disabled person depending on Social Security income would receive \$674 per month; even paying an affordable rent of \$200 per month would be unrealistic without a subsidy.

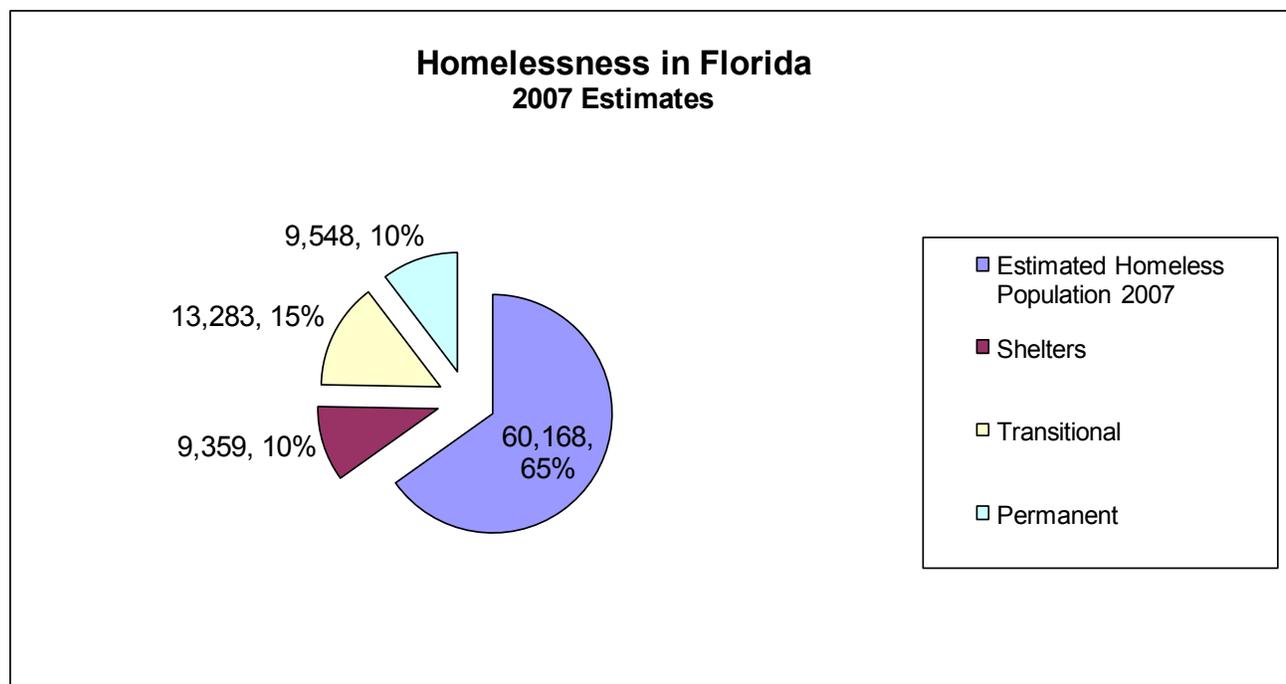
There are other barriers to obtaining housing:

- Many individuals with mental illnesses and substance use disorders lack family who are able to assist them.
- Housing authorities have waiting lists for low-income housing.
- Supportive housing programs face limits in funds for construction, operation, or both.

Of the 57,000 Floridians who were homeless on any given day in 2009, approximately 6,000 reported they had a mental illness and over 8,000 reported they had an addiction. Nine percent of these people reported they had been a former foster child.

Access to safe and affordable housing, coupled with employment, has been shown to increase treatment success and help these individuals become more self-sufficient. Conversely, the lack of affordable housing in Florida for people with very low incomes and disabilities puts these individuals at risk of cycling from the streets and into the jails and prisons.

Department of Corrections and local officials in all of the Reinvestment Act grant counties have indicated a need for housing assistance for people who are discharged from jails and prisons, particularly for those who live with mental illness.



Case Study:

Orange County's ANCHOR Program

An example of the value of providing housing assistance can be seen in Orange County's ANCHOR program, which provides transitional housing, case management and supportive services to homeless individuals with substance abuse and/or mental illness.

At an average cost of \$57.08 per bed, the program is a less costly alternative than such community treatment options as \$182.24 for a Residential Level II bed or \$224.43 for a substance abuse detoxification facility bed.

First-year outcomes indicate that the program is effective in reducing Central Receiving Center admissions, re-arrest rates, and the cost of emergency care in the community. The program is funded by a Criminal Justice, Mental Health and Substance Abuse Reinvestment Act grant.

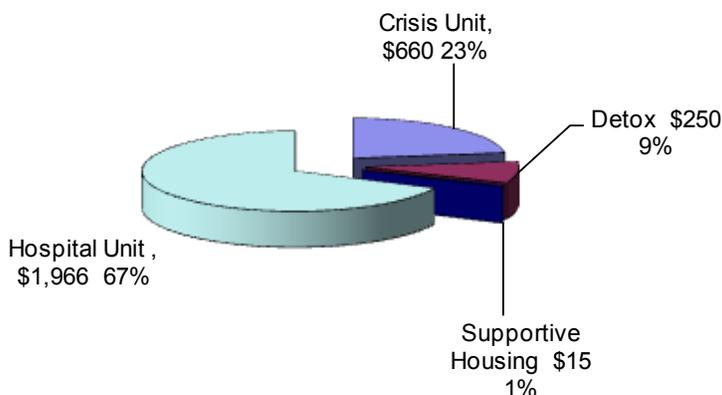


Quick Facts

- Supportive housing reduces the cost of public services, saving an average of \$16,000 per person
- Supportive housing links to services that are self-directed and can be temporary, short-term or long-term in nature, depending upon individual needs and preferences.
- Supportive housing is a national best practice for ending homelessness for the hardest to serve households, as well as enabling adults with disabilities to live independently.
- Supportive housing is a proven solution for stabilizing and housing people with special needs, including individuals who are homeless, people with physical or developmental disabilities, people with a mental illness, and people overcoming addictions.

Supportive Housing Costs Are Lower Than Other Options

Average Cost Per Day Per Person for Services Used by Floridians Who Are Homeless Compared to Cost Per Day of Supportive Housing



Juvenile Justice: Prevalence of Mental Health and Substance Abuse

Quick Facts

- 49% of youth in residential and non-residential programs within Florida's Department of Juvenile Justice (DJJ) have some form of mental illness and another 14% demonstrated behaviors that suggested mental illness, based on a DJJ survey.
- 65% of youth in DJJ programs had a diagnosis of or behaviors suggesting a substance abuse disorder.
- Youth suicides in juvenile detention and correctional facilities are more than four times greater than youth suicides in the general public.
- 36% of respondents to a national survey said their children were in the juvenile court system because mental health services outside of the system were unavailable to them.
- 20% of respondents to a national survey said that they relinquished custody of their children to get needed mental health services.
- Treatment programs run in community settings are likely to be more effective in reducing recidivism than similar programs provided in institutions.

Recommendations

- Florida policymakers must continue to structure a system of care that acknowledges and addresses the underlying role that mental illness and substance abuse play in delinquent behavior and crimes committed by youth.
- Appropriate \$1.6 million in recurring funds for expansion of Redirections. The Legislature authorized a \$1.6 million non-recurring expansion of this program for FY 2009-2010 for this cost effective evidence-based program
- Train juvenile and correctional facility staff to identify and respond to inmate mental health issues.
- Train juvenile and correctional facility staff on cultural, racial, gender, sexual orientation and developmental issues.
- Implement the recommendations of the Juvenile Justice Blueprint Commission.
- Florida's Department of Juvenile Justice (DJJ) and the Department of Children and Families must strengthen their collaboration to better serve youth in need of services.
- Provide incentives for schools to promote prevention and intervention programs. Schools should provide programs that engage youth and prevent criminal behavior and have policies and practices that are consistent with the original legislative intent of the zero tolerance laws targeting serious, violent offenses, while developing alternatives that promote youth accountability and avoiding suspension and other punitive options.
- DJJ must build strong linkages in the community to ensure that youth are transitioned successfully into the community once their sentences are completed.
- Enact the Governor's proposed bill on juvenile justice reform, which among other things, encourages the diversion of youth nine years old or younger and provides changes to the Child and Families in Need of Services (CINS/FINS) definition to allow these youth to be served by the CINS/FINS network.

Targeting resources to divert youth from incarceration

The unnecessary detention of youth who are waiting for mental health treatment is a serious problem in Florida and across the U.S. Detention facility administrators report that thousands of youth with mental health problems are being held unnecessarily in the juvenile justice system. Inappropriate detention is dangerous for youth and the staff of detention centers and is costly to society. Even in the face of a decline in overall juvenile justice system referrals, the use of secure detention (jail-like settings) is increasing. In addition, Florida places youth in secure detention and in residential commitment at rates that exceed national norms.

There has been growing recognition at the national level of the mental health and substance abuse needs of youth in the juvenile justice system, but this issue has not had major policy emphasis in Florida. As a result, sufficient state resources and publicly funded services have not been directed towards addressing those needs.

"The fact is that Florida's detention centers and residential placement programs are heavily populated with youth who are considered low risk and whose most serious violations are misdemeanors," reported the Department of Juvenile Justice Blueprint Commission in January 2008. The report noted that across races and gender, "the health and mental health needs of youth in the juvenile justice system are extraordinary, with two-thirds of youth, in some cases, having mental-health or substance-abuse issues."

The substance abuse and mental health needs of the children referred to DJJ because of delinquent behavior are well documented. Screening of all youth brought to area Juvenile Assessment Centers identifies risk factors that predict future delinquent behavior. These include mental health disorders, alcohol and drug use, and other factors. Of the top six most frequently identified factors in FY 2008-2009, five were dynamic in nature: antisocial peers, anger problems, drug use, poor parental supervision and alcohol use. All five can be ameliorated by a service intervention.

During FY 2008-2009, 37,783 Florida youth were diverted from the formal juvenile court system, and 23,889 youth were placed on court-ordered probation. That means approximately 60,000 youth who were delinquency referrals to DJJ were released into the community back to their families—communities that have limited capacity and resources to adequately address the needs of at-risk youths.



"Youth with mental health needs face particular challenges. Not only is there a lack of specialized early intervention programs, there are long waits for specialized mental health beds. Detention centers are funded for crisis intervention and not treatment, and residential programs are not intended for complex, mentally ill youth."

Florida Juvenile Justice
Blueprint Commission.
January 2008

Insufficient Capacity for Complex Treatment Needs

Florida spends \$2,128 per child for prevention services, while the amount committed to residential and correctional facilities is \$42,606. Shifting tax dollars to community-based early intervention and treatment services for youth who are at risk of criminal behavior because of mental health or substance abuse problems can reduce the number of admissions to DJJ facilities, as well as the much higher costs of their care in the juvenile justice system.

Identification of substance abuse and mental health disorders should be part of a complete health assessment for youth at every level of the juvenile justice continuum. This assessment should include increased services for individual, group and family counseling, health screening, service referrals, health education, evidence-based intervention, skill building, and role modeling.

Physician and nursing services are insufficient to meet the complex needs of youth with mental health and substance abuse conditions. Most health care, mental health, and substance abuse program monitoring is done by lay persons rather than healthcare professionals. Licensed, certified staff for medical, mental health and substance abuse services must be available to expand the use of such proven treatment models such as Multi-Systemic Therapy and Functional Family Therapy.

Quick Facts

- Nearly a fourth of Florida sixth graders responding to a statewide survey in 2008 said they had tried alcohol at least once.
- Suicide is the third leading cause of death for 15-to-24-year-olds. (Governor's Office of Suicide Prevention, 2009).
- Of the approximately half-million children and adolescents in foster care in the U.S., an estimated 42 to 60 percent have emotional and behavioral problems. (University of Illinois School of Social Work study, 2009)
- Substance abuse is a factor in at least three quarters of all foster care placements. (National Survey on Drug Use and Health)



Redirection: A Cost-Effective Treatment Alternative

The Florida Legislature took a leadership role in funding treatment alternatives for youthful offenders when it authorized the Redirection Program to address a growing trend of juvenile offenders brought committed to residential delinquency programs for non-law violations of probation. Non-law violations occur when a youth does not follow court-ordered probation requirements such as maintaining a specified curfew or attending school.

The Redirection Program diverts appropriate youth who would otherwise be committed for a non-law violation of probation from residential programs to less costly therapy-based community programs.

The 2006 Legislature expanded the program to serve 360 additional youth, including those with no prior violent felony adjudications who are being considered for commitment due to a misdemeanor offense. The Legislature specified that Redirection provide Multi-systemic Therapy and Functional Family Therapy.

These models have been identified as Blueprint Programs for Violence Prevention by the U.S. Office of Juvenile Justice and Delinquency Prevention. These programs provide therapy in the home and focus on helping parents implement more effective ways to communicate with, monitor, and discipline their adolescent children. They are supported by the highest level of experimental research showing sustained reductions in recidivism for serious and violent offenders compared to residential treatment programs.

Nationwide, the most successful mental health programs treating young offenders in their families and communities reduce recidivism by up to 80 percent. Studies in 2007 and 2009 by the Legislature's Office of Policy Analysis and Program Accountability (OPPAGA) document similar successes in Florida's Redirection Program, which now serves nearly 4,000 troubled youth and their families in 18 judicial circuits.

The OPPAGA 2009 reports show that the Redirection Program saved \$36.45 million and avoided \$5.2 million in recommitment and prison costs due to the reduced recidivism of its graduates. Youth completing Redirection were significantly less likely to be arrested, adjudicated or committed for subsequent crimes than similar youth released from residential commitment facilities. A recent independent evaluation by the Justice Research Center also shows that Redirection has significantly reduced felony adjudications and avoided nearly \$40 million in residential placement costs.

The 2009 OPPAGA report, *Redirection Saves \$36.45 Million and Avoids \$5.2 Million in Recidivism and Prison Costs*, found that Redirection programs have successfully met the mental health needs of referred youth and families, helping promote a more functional family system based on more effective parenting and improved communication between family members and those outside the family.

Since it began in October 2004, Redirection has expanded to 18 circuits, providing effective alternative treatment for nearly 4,000 troubled youth and families as of September, 2009, with 2,620 successful graduates. The Legislature authorized a \$1.6 million non-recurring expansion of this program for FY 2009-2010.

Given the positive outcomes and cost savings attained by the Redirection Program, the Legislature should further expand the program. Expansion options include serving additional counties, revising eligibility requirements, or adding participants to existing sites. OPPAGA estimated that 1,000 additional youth would be eligible in these counties if nonviolent felons could be served. This could potentially avoid \$14.3 million in costs for residential commitment programs.

Circuits with Redirection Programs

Providers by Circuit

A Positive Step of Monroe County

Key West, FL
Circuit 16

Camelot Community Care

Greenacres, FL
Circuit 15

Community Solutions Inc.

Orlando, FL
Circuits 5, 7, 9, 10, 12 & 18

Crosswinds Youth Services

Cocoa, FL 32922
Circuit 18

Eckerd Youth Alternatives Inc.

Clearwater, FL 33765
Circuit 2

Human Service Associates Inc.

Fort Pierce, FL 34982
Circuit 19

Institute for Child and Family Health

Miami, FL 33169
Circuit 11

Lee Mental Health

Fort Myers, FL 33905
Circuit 20

The Henry & Rilla White Foundation Inc.

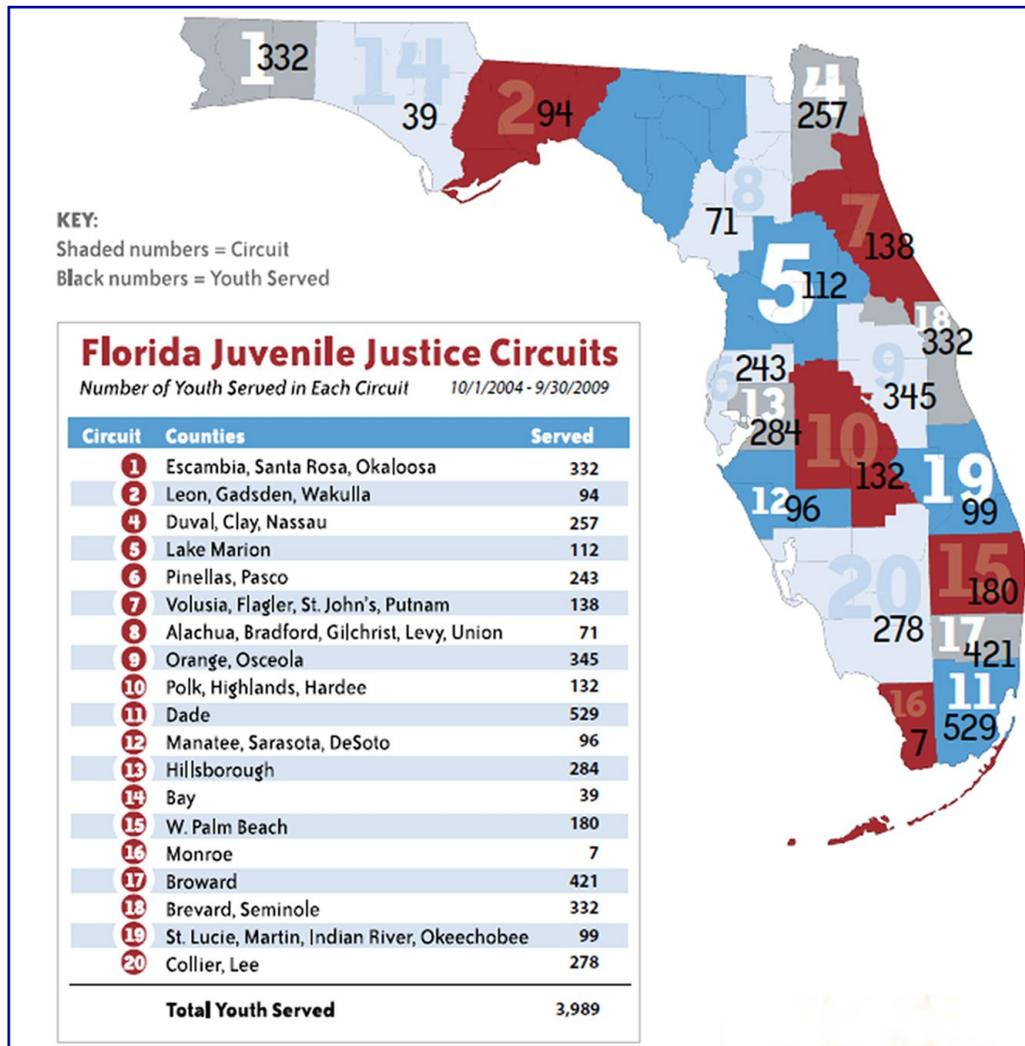
Tallahassee, FL 32308
Circuits 1, 4, 8 & 14

The Starting Place

Plantation, FL 33317
Circuit 17

VisionQuest

Wesley Chapel, FL 33544
Circuits 6 & 13



Department of Juvenile Justice's 2010 Legislative Priorities

The Florida Blueprint Commission on Juvenile Justice identified several trends of concern in its 2008 report:

- There is a growing proportion of girls in the juvenile justice system, which presents a host of health, mental health and programmatic challenges.
- There is a disproportionate number of minorities in the system—and the disproportion grows worse at the deeper end of the system.
- Too many youth are being placed into detention. This is aggravated by having few alternatives to detention, youth placed in detention on charges of domestic violence, courts ordering young children into detention, dually served youth being placed into detention for lack of better placement and no statutory language that allows a youth to seek clemency.
- Too many youth are being referred to DJJ who could be managed outside of the justice system. Misdemeanor referrals from schools based upon zero tolerance interpretation, poor use of juvenile drug courts, the need for more restorative justice, and the over-representation of African American youth in the juvenile justice system contribute to the over use of DJJ services.
- The ability of DJJ to turn around the lives of troubled youth needs improvement. There is a lack of training and experience dealing with troubled youth, not enough vocational education, limited health service resources, weak collaboration among all agencies to ensure needed services are provided, and no holistic system of care for health and mental health of Florida's youth.

The Department of Juvenile Justice is seeking passage of a reform bill implementing the recommendations of the 2008 Blueprint Commission report.

Specifically, the bill:

- Authorizes DJJ to operate residential programs designed to meet the needs of mothers with infants.
- Encourages the diversion of youth 9 years old or younger and provides changes to the Child and Families in Need of Services (CINS/FINS) definition to allow these youth to be served by the CINS/FINS network.
- Formalizes the creation of a Disproportionate Minority Contact Task Force within DJJ to assist with implementing strategies designed to reduce minority contact with the juvenile justice system.
- Creates legislative intent for “restorative justice” and creates a victim impact statement designed to increase awareness and support of the victim throughout the juvenile justice process.
- Allows counties, municipalities and DJJ to create pre-arrest or post-arrest diversion programs for youth 9 years of age or younger and youth who are first-time misdemeanor offenders.
- Creates grounds for diverting youth who have a history of being victims of abuse or neglect, or domestic violence, from being placed in secure detention when charged with misdemeanor domestic violence.

Florida Substance Abuse & Mental Health Corporation Board of Directors

Chair

David L. Miller, Land O' Lakes

President of the Senate Appointee

Retired Senior Vice-President, Utilities Company

Former Member, Boley Center's Board of Directors

Vice Chair

Rocky Rodriguez, Fort Lauderdale

Gubernatorial Appointee

President, Broward County Alcohol and Drug Abuse Advisory Board

Treasurer/Secretary

Mark A. Speiser, Fort Lauderdale

Speaker of the House Appointee

Circuit Court Judge, 17th Judicial Circuit

Members

Patricia M. Barton, Naples

Speaker of the House Appointee

Founder, Florida Informed Parents

Founder, National Federation of Parents for Drug-Free Youth

Lisa Kane DeVitto, Tampa

President of the Senate Appointee

Attorney

Board Member, Hillsborough Coalition for the Homeless

Past Chair, State Council on Homeless

Larry D. Hart, Fort Myers

Speaker of the House Appointee

Assistant Tax Collector, Lee County

Marcia Mathes, Orlando

Gubernatorial Appointee

Co-Owner, Mathes Management Enterprises, Inc.

President, NAMI-Florida

Florida Children's Committee

Melanie G. May, Fort Lauderdale

Gubernatorial Appointee

Judge, Forth District Court of Appeal

Alex R. Rodriguez, M.D., Tampa

Speaker of the House Appointee

Staff Psychiatrist, Bay Pines VA Medical Center

Dominic Zaccheo, Ph.D, P.A., Stuart

President of the Senate Appointee

Clinical Psychologist

Member, American Psychological Association

Past President, Florida Psychological Association, Palm Beach Chapter

Ann Zugelter, Vero Beach

President of the Senate Appointee

Retired Vice President, Zugelter Construction Corporation

Board of Directors, Mental Health Association of Indian River County

Ex-Officio Members

E. Douglas Beach

Secretary, Department of Elder Affairs

Thomas W. Arnold

Secretary, Agency for Health Care
Administration

George H. Sheldon

Secretary, Department of Children and Families

Junius Gonzales, M.D., M.B.A.

Dean, Florida Mental Health Institute,
University of South Florida

Clinton Rayner

Consumer Advisor,
Director of Consumer Affairs, Department of
Children and Families

Bryan Desloge

Commissioner , District 4, Leon County

*More Americans receive mental health
treatment in prisons or jails than in
hospitals or treatment centers.*

*Reentry for Safer Communities, National Association of
Counties and the Bureau of Justice Assistance, Septem-
ber 2008*

