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Big Cypress Swamp. Collier County, Florida

**Collier County
Criminal Justice, Mental Health & Substance Abuse**

**Strategic Plan
2010-2014**

Mission: To implement coordinated and effective services for people with mental health and substance abuse problems who have contact with the criminal justice system.

Collier Criminal Justice and Behavioral Health System Mapping

July 29 and 30, 2010



Facilitators

The [Florida legislature](#) designated the Louis de la Parte Florida Mental Health Institute (FMHI), as a site for the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center. The Florida Mental Health Institute is a research and training center within the University of South Florida with a long history of collaborative relationships with state and local government.



John Petrita J.D., LL.M., is a Professor in the Department of Mental Health Law & Policy at the University of South Florida. He is also Director of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (www.floridatac.org). He received his law degree from the University of Virginia and before coming to USF in 1992 was General Counsel to the New York Office of Mental Health and Director of Forensic Services in the Missouri Department of Mental Health. He works closely with the GAINS Center and the Council of State Governments on diversion issues.



Mark Engelhardt, MS, MSW, ACSW is a faculty member in the Department of Mental Health, Law and Policy at USF's Florida Mental Health Institute. Mr. Engelhardt provides training and technical assistance to various state agencies, counties, Substance Abuse and Mental Health providers, and advocacy groups throughout Florida and in several other states on emergency psychiatric care. He is an evaluator for multiple federal SAMHSA grants and provides training on co-occurring disorders, supportive housing, best practices in homelessness and strategic planning, including financing.

Collier County Criminal Justice, Mental Health & Substance Abuse

Strategic Plan

Background

Criminal justice diversion programs have emerged as a viable and humane alternative to the criminalization and inappropriate criminal detention of individuals with mental and substance use conditions. Diversion programs have been heralded for their potential benefits to the diverted persons, the criminal justice system and public safety.

In 2007, the Florida Legislature created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Act and Grant Program within the Department of Children and Families (s. 394-658, F.S.). The purpose of the program is to provide counties funding for planning, implementation, or expansion of initiatives that increase public safety, avert increased spending on criminal and juvenile justice, and improve the accessibility and effectiveness of treatment services for people who have a mental illness, substance abuse disorder, or co-occurring disorders and who are in, or at risk of entering, the criminal justice system. The overall goal is to demonstrate that that investment in diversion strategies and in treatment efforts related to mental illness, substance abuse, or co-occurring disorders will result in a reduced demand on the resources of the judicial, corrections, and health and social services systems.

Regional Partnership Strategic Planning Process and Partners

In February of 2010, the Collier Public Safety Coordinating Council supported the creation of the Collier Criminal Justice, Mental Health & Substance Abuse (CJMHS) Planning Council. A complete list of Council members is available at the end of this document.

This report summarizes information and priorities from the workshop held in Collier County on July 29 and 30, 2010. The Planning Council, along with full support of multiple local stakeholders requested that the Florida Criminal Justice, Mental Health and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF) facilitate the workshop. The participants in the workshop included over 20 individuals representing multiple stakeholder groups, including mental health, substance abuse, law enforcement corrections, patrol and administration, court personnel, homeless advocates, family members, and consumers. John Petril, J.D., L.L.M., and Mark Engelhardt, M.S., ACSW of FMHI facilitated the sessions

The goals of the workshop were to:

- 1) Develop a comprehensive picture of how people with mental illnesses and co-occurring disorders flow through the Collier County criminal justice system along five

intercept points using the Sequential Intercept Model (Figure 1) as a conceptual model for organizing and targeting interventions.

2) Identify gaps, resources Identify resources, gaps, and barriers in the existing Collier County system.

3) Develop the strategic action plan to address the criminal justice diversion and treatment needs of the target population.

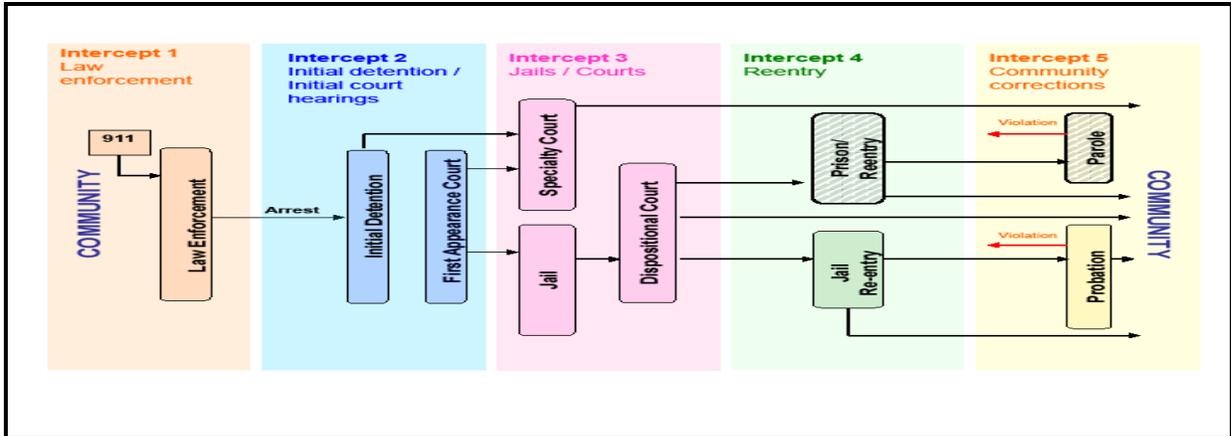


Figure 1. Sequential Intercept Model. Source: <http://gainscenter.samhsa.gov>

Conceptual Model: Sequential Intercept Model

- Intercept 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention/Court Hearings
- Intercept 3: Jails and Courts
- Intercept 4: Community Reentry
- Intercept 5: Community Corrections/Community Support

Statement of the Problem

According to a 2009 national study, nearly 15% of men and 31% of women in jails have serious mental illnesses. One explanation is that people with mental illnesses have high rates of co-occurring substance use disorders and may be more likely to be arrested for drug-related crimes.¹ The national statistics hold true in Collier County with over 23% of the total jail population and an estimated 30% percent of the females having a serious mental illness.

The overall Collier County jail population has steadily decreased over the past few years, from approximately 1100 to 900, while the percentage of female inmates increased from 15% in 2007 to 20% in 2009. Approximately 78% of the jail population is pre-sentenced, indicating potential benefit of implementing post arrest, pre-trial or pre-sentencing release programs. The cost of housing a

¹ Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of Serious Mental Illness among Jail Inmates. *Psychiatric Services* 60: 761–765.

mentally ill inmate is roughly double that of the general population due to longer stays, heightened supervision requirements, and medical/psychiatric costs.

Cross System Mapping Results

Resources and Opportunities

There are several features of the current systems in Collier County that are particularly noteworthy. These include but are not limited to:

- ❖ **Immersion in Crisis Intervention Teams (CIT) toward 100% goal**
- ❖ **NAMI and consumer involvement**
- ❖ **Mental Health Court leadership**
- ❖ **Interagency relationships**
- ❖ **Integrated, co-occurring capable provider (David Lawrence Center)**
- ❖ **Collaborative pursuit of multiple grants: BJA, DCF,**
- ❖ **In Jail substance abuse services**

Strengths and Promising Practices

- ❖ **SOAR training**
- ❖ **Support from broad community –Homeless services/shelters,**
- ❖ **NAMI consumer run Drop In Center**
- ❖ **Mental Health and Drug Courts**

Intercept 1: Law Enforcement / Emergency Services

The primary points of contact for a person in need of intervention at this intercept are Collier County Sheriff's Office, Marco Island and Naples Police Departments as the primary law enforcement agencies in Collier County. In addition, Florida Highway Patrol, State Fish & Game and Tribal Enforcement are in the community.

Crisis Intervention Team (CIT) is a central part of the Collier County system with a goal that 100% of all law enforcement, state and county probation to be trained. NAMI of Collier County is a strong affiliate that provides significant leadership and advocacy as the lead for CIT training, as well as a Drop In Center and Self Directed Care services.

The David Lawrence Center is a major integrated substance abuse and mental health agency that provides the following emergency services:

- **Crisis Stabilization Unit.** The total capacity is 20 beds, 16 adult and 4 children, with a plan to eventually expand by 16 beds.
- **24 hours a day/ 7 days a week emergency and walk in access services**
- **Detoxification.** Twelve voluntary beds for adults and local no capacity for children.

David Lawrence Center has fully implemented an electronic medical record in which all client related data is entered stored and used for reporting, tracking and billing purposes.

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Naples Community Hospital operates a small private, voluntary psychiatric unit and the hospital's emergency room acts as a medical clearance with an interagency policy for David Lawrence Center admissions.

Identified Gaps- Law Enforcement / Emergency Services (Intercept 1)

- Need for additional CSU / psychiatric hospital capacity
- Possible role for a secure Addiction Receiving Facility (ARF)

Intercept 2: Initial Detention / Initial Court Appearance

Once a person with a mental illness is arrested, the arresting officer (CCSO) completes a brief 'green card' with basic mental health and substance abuse information gathered via observation and interview that is provided to the in jail Prison Health Services (PHS) medical and mental health staff for further consideration. PHS completes a standard corporation instrument that is described as integrated. PHS continues to use paper charts for storing and retrieval of inmate medical information.

The jail maintains a "passive booking system" in which detainees are kept in an open common area with a television and access to phones.

The jail general population is roughly 900 inmates, and the trend has been a steady decrease over the past several years. The decrease has been attributed to the Sheriff's Immigration and Customs Enforcement (ICE) training. The training makes it easier for CCSO members to recognize and detain illegal immigrants discovered in the county. and sends them into Federal detention and out of the County jail. While the general population numbers have decreased, the need for medical beds including capacity for people with mental health problems has increased. The jail maintains 26 medical beds, which are usually at or over capacity.

Identified Gaps –Initial Detention and Court Appearance (intercept 2)

- Lack of effective information sharing between PHS, David Lawrence Center and families.
- Need for additional in jail medical/behavioral health beds (26 estimated as optimal)
- No systematic DLC in jail staff or screening except as specifically indicated for specialty (mental health and substance abuse) courts.

Intercept 3: Jails / Courts

The jail and Prison Health Services maintain an in jail "wash out policy" in which many arrestees with previous mental health or substance abuse diagnoses do not receive any psychotropic medications for a period after incarceration in order to provide staff with a more accurate representation of symptoms unenhanced by substances or medications to help determine true diagnoses. This policy generally means that people are taken off psychotropic medications for at least 3 days. Psychiatric care is available only as on call and on-site two days per week for the entire population.

The jail maintains an eight hour sobering up center, strong CIT presence, a significant (3 full time employees) substance abuse treatment program. First appearances generally occur as a video hearing with a judge, with Public Defenders always present.

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Collier County has had an Adult Felony Drug Court since 2000, with a capacity of approximately 35. Eligibility to the Court is determined at weekly team meetings between the Judge, State's Attorney, Public Defender, Court Administration and David Lawrence Center. A Mental Health Court has been operational since 2007, accepts felony charges and has a capacity of approximately 65. The State's Attorney is the final gatekeeper for access to Mental Health Court, which receives an average of 3-4 referrals per week. Enrollment in the Court may take several weeks or months, due to processing and/or information sharing barriers.

Community based competency restoration in the jail is available but at a very low capacity due in part to limited availability of evaluators. At the time of the System Mapping, no one was awaiting transfer to a state mental health facility due to FS 916 charges (Not Guilty by reason of Insanity or Incompetent to Proceed).

Identified Gaps –Jails and Courts (Intercept 3)

- Limited Pre-trial services
- Outpatient co-occurring residential treatment
- Silo-ed Mental Health and Drug Courts

Intercept 4: Re-Entry

Individuals who are sentenced to more than one year of incarceration are transferred to State Prison. Those serving less than one year are housed in Collier County Jail in Naples.

Discharge planning is very limited. Jail staff and Prison Health Services do not have the resources to assist with housing, support services, or reestablishment of benefits. Inmates are given a list of community resources upon release; however, this focuses on housing and does not include specific mental health or substance abuse services information. Those on medications are provided a three-day supply. In many cases, this is not enough to sustain them until they can get to a medical appointment. The exception is for those under 916, who receive a 30-day supply. Information sharing or lack thereof, among jail and outside providers remains a barrier for this intercept.

Collier County has a Florida Assertive Community Treatment (FACT) team that can serve 100 people, many of whom may meet the criminal justice population characteristics. The team is currently at capacity with a wait list. DLC has one forensic case manager who can serve approximately 40 people.

Identified Gaps—Re-entry (Intercept 4)

- Pre-discharge planning (re-entry) for people with mental illnesses
- Forensic Assertive Community Treatment (FACT)/Intensive Case Management (FICM)
- Expand access to Social Security Disability benefits through SOAR training
- Supportive Housing for chronic homeless

Intercept 5: Community Corrections / Community Support

After judicial disposition or upon release from incarceration, individuals can be placed under the supervision of a number of community corrections agencies. These include work release, State probation, County probation, conditional release. Release from jail can occur at any time. Both State and County probation departments have shown strong support for CIT.

Housing was identified as a 'major issue' in Collier County. David Lawrence Center has some supportive housing capacity, and St. Matthews provides emergency shelter and some transitional housing. The Collier Housing Authority is beginning to focus more providing choice vouchers for people with very low to extremely low income.

Identified Gaps—Community Corrections and Community Support

- Supportive Housing
- Forensic Intensive Case Management
- Funding
- Transportation
- Medication access and compliance

Vision: Collier County citizens with serious mental illnesses and substance use disorders receive effective community-based treatment and supports and avoid unnecessary jail admissions.

Mission: The mission of the Collier County Criminal Justice, Mental Health & Substance Abuse Planning Council is to implement coordinated and effective services for people with mental health and substance abuse problems who have contact with the criminal justice system.

Values

- ❖ Treatment, not jail
- ❖ Earliest possible intervention/intercept
- ❖ Effective treatment
- ❖ Minimal use of coercion or sanctions
- ❖ Recovery is possible
- ❖ Full community integration
- ❖ Natural and peer supports
- ❖ Consumer empowerment