The Mental Health Offenders Program: How to Create a Jail Diversion Program Where Everyone Wins





Chief Judge Mark H. Mahon - Fourth Judicial Circuit

Colleen Bell MD, FACHE, FAPA

Medical Director, Integrated Health

Sulzbacher

How MHOP Came to Be



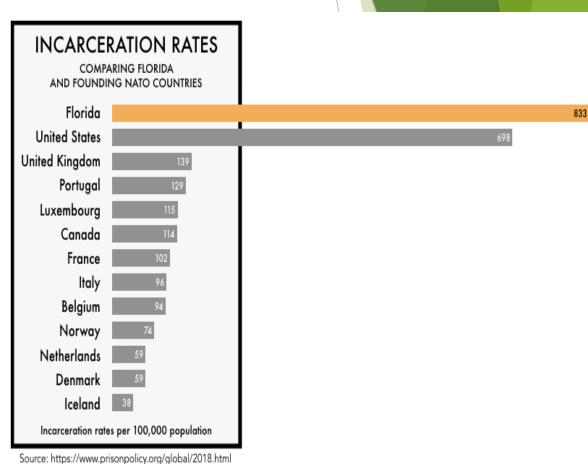
Chief Judge Mark Mahon



Judge Steve Leifman

Incarceration Stats

- ► The United States are 4% of the world's population but 25% of the world's incarcerated population
- ▶ 2.3 million people in the United States
- 1,316,000 State Prisons
- 615,000 Local Jails
- 225,000 Federal Prisons & Jails
- ▶ 95% of incarcerated people are returning to our communities, many lacking skills needed to be successful in the workforce
- An additional 840,000 on parole and 3.7 million on probation



4 Million Adults with untreated SMI*

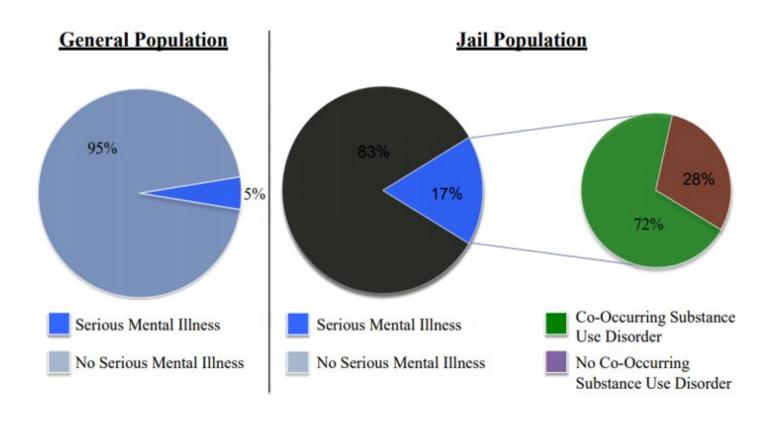
1 in 4 of all fatal police encounters

1 in 5 of all jail and prison inmates

1 in 10 of all law enforcement responses

* severe mental illness

Prevalence of Serious Mental Illness and Co-Occurring Disorders in Jail Populations



OUR STUDY...

37 Frequently Encountered Homeless OSCEOLA ANIANTO LINE TO THE TOTAL AND THE TO

were arrested a total of 1,250 times...over the course of 10 years...

The Osceola County Sheriff's Department confirmed the list of 37 as being some of the most frequently encountered homeless individuals on the streets in Osceola County.

Average Booking Cost of:

\$104

For a Total Community Cost of:

\$130,000



The 1,250 Arrests:

Averaging 49.5 Days

For a Total Community Cost of:



Average Daily Cost of:





... for a Combined Total of:

\$6,417,905 dollars over 10 years

brings the total cost of arrests, and time spent incarcerated to...

*TOTAL COSTS INCLUDED MENTAL HEALTH COSTS







Inspiration and Background for the Creation of Mental Health Offenders Program - the Miami Model

▶ The Mental health offender program (MHOP) was started after being inspired by the jail diversion program The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), located in Miami-Dade County, FL. This program was initiated in 2000 to divert the individuals who were suffering from mental illnesses such as schizophrenia, bipolar disorder, major depression or co-occurring substance use disorder from criminal justice by providing them comprehensive community-based treatment and support services in order to prevent repeat offense and high utilization of the resources.

Inspiration and Background for the Creation of Mental Health Offenders Program - the Miami Model Leifman and Coffey, 2019

- On any given day, the Miami jail houses approximately 2,400 individuals receiving psychotherapeutic medications, and costs taxpayers roughly \$232 million annually or \$636,000 per day.
- Individuals with mental illness stay in jail 8 times longer and cost 7 times more then individuals without mental illness.
- > 5-year period, these Heavy users accounted for nearly 2200 arrests, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms, at a cost to taxpayers of roughly \$16 million.

The Miami Model - Components

The program operates two components: pre-booking diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and post-booking diversion serving individuals booked into the jail and awaiting adjudication. All post-booking participants are provided with individualized transition planning including linkages to community-based treatment and support services.

The Miami Model Compared to MHOP

- MHOP
- Misdemeanors only (with some exclusions)
- For those with Schizophrenia/
 Schizoaffective Disorder (so far!)
- Case is diverted in J1 but handled by one Judge and Magistrate
- One provider (with partnerships)
- Referrals from JSO list, Judges, DN7s
- Screening of referrals done by MHOP team
- Long acting injectables required
- Aftercare component
- No forensic hospital diversion program
- Deference to clinical team
- Dedicated Judge and Magistrate

- CMHP
- Can include felonies and all misdemeanors
- Cases scheduled for mental health calendar
- Wider range of diagnoses
- Many agencies involved in delivering care, coordinated by Managing Entity Thriving Mind of South Florida
- Referrals for felonies from Jail In-Reach, the Public Defender's Office, the State Attorney's Office, private attorneys, judges, corrections health services, and family members
- Screening of misdemeanor referrals done by correctional officers
- Long acting injectables not required for all
- Followed up to 1 year
- Forensic hospital diversion program

The Mental Health Offenders Program - Goal and Partners

- ► The goal of MHOP is to reduce the demands on the criminal justice system and costs to taxpayers by diverting those offenders with mental illness to a program that meets their psychiatric, medical, and social service needs.
- Partners included the Duval County Circuit and County Judges, State Attorney's Office (SAO), Public Defender's Office, City of Jacksonville (COJ), Jacksonville Sheriff's Office (JSO), Sulzbacher Center (a Federally Qualified Healthcare Center and homeless shelter), Gateway Community Services (a private non-profit drug and alcohol rehabilitation agency), and Lutheran Services of Florida (one of seven Managing Entities who work in partnership with the Florida Department of Children and Families to ensure access to evidence-based behavioral health care services for the uninsured indigent population).

Team MHOP-Treatment





Pilot: Medical Director, Program Coordinator, Peer Specialist, Intensive Case Manager, Soar Processor, Psychiatrist part time, Housing Case Manager part time, expansion added another Intensive Case Manager, Aftercare Case Manager and ______

Program Manager











MHOP Funding and Criteria - Pilot

- ► The MHOP Pilot Program was funded through the COJ (\$200,000) and the JSO (\$200,000).
- ► The Selection and Screening Process for MHOP Pilot Participants began with the JSO, in conjunction with the SAO, creating a list of criteria and flagging prospective participants in the jail database system for possible participation, inclusive of the following:
- ▶ 1. Defendant has a severe mental illness and requires intensive wraparound services.
- ▶ 2. Defendant has been arrested four or more times since 2017.

MHOP Funding and Criteria - Pilot

- ▶ 3. During each of the proceeding arrests, Defendant had a mental health designation.
- ▶ 4. Defendant is not classified as a sexual offender or sexual predator by the Florida Department of Law Enforcement.
- ▶ 5. Defendant does not have an open felony case.
- ▶ 6. Defendant is not on felony probation or parole.
- ▶ 7. A prior felony conviction will not automatically exclude a Defendant; however, Defendants convicted of an offense listed in Section 948.06(8)(c), Florida Statutes, are ineligible for MHOP.

MHOP Process

- ▶ Upon arrest of one of the participants on the list for a new charge with a non-violent misdemeanor (excluding DUI), eligible participants are identified in the jail by correctional personnel via the MHOP Flag and referred to MHOP during First Appearance Court.
- MHOP is coordinated on the Court process side by the MHOP Coordinator and on the treatments side by the Sulzbacher Medical Director.
- A member of the Sulzbacher MHOP team screens the client with a checklist.
- ► The Sulzbacher representative attends First Appearance Court with the client and recommends to the presiding Judge the client to enter MHOP.
- If the Judge agrees, the Judge would release the defendant from jail to Sulzbacher custody.
- Sulzbacher has a minimum of a two-week period to ascertain if the client will be able to comply with the pilot program, including taking medications, working with the MHOP team, and staying in custody of Sulzbacher. If not, the State Attorney's Office would be notified for guidance.

MHOP Process

- Public Defender will obtain a signed Deferred Prosecution agreement from the client.
- Sulzbacher provides case management, psychiatric and medical treatment, therapy, assistance with housing, and other wraparound services.
- ► The Court (Dedicated Judge and Magistrate) supervises MHOP participants throughout the duration of the program which lasts until the participant is stable psychiatrically, has income, and permanent housing.
- ► Cases are reviewed with every 2-6 weeks depending on client stability as recommended by the MHOP team in conjunction with the legal team. Participants who fail to comply were potentially subject to re-arrest depending on the charge. Participants who successfully completed the program have their case dismissed as part of the deferred prosecution agreement.

Screening Tool

Recommendation:

Bell Screener for Jail Diversion of Mentally Ill Misdemeanor Defendants

Patien	nt name: DOB:			
Name	of person completing:			Date:-
1.	Acutely suicidal or homicidal?	Please Circle one Yes	No	
2.	Willing to abide by terms of program?	Yes	No	
3.	Willing to take injection of recommended?	Yes	No	
4.	Primary diagnosis of substance use?	Yes	No	
5.	Able to provide informed consent?	Yes	No	
Comn	nents:			

If yes to question 1 or 4, or no to any of the other questions, client not eligible.

Decline

Accept

MHOP Pilot

- ▶ The pilot period began 2/1/21 and ended 9/30/21.
- ▶ Initial MHOP list created by the Jacksonville Sheriff's Office (JSO) for this pilot named 220 potentially eligible individuals. All clients eligible on re-arrest were further vetted by a state attorney prior to screening, for any additional charges they may have had since the list was created by JSO.
- ► The MHOP team screened 98 unique individuals in the Duval County Jail who were on the MHOP list and subsequently arrested on a qualifying misdemeanor charge.

MHOP Pilot

- ▶ Of the 98, 28 individuals agreed to participate.
- ▶ Of the 28, 1 died of opioid overdose, 4 were diverted to MHOP but not yet accepted as of conclusion of pilot, 2 were diverted but were not accepted into pilot (one due to a subsequent felony charge, the other due to repeated noncompliance), 6 were rejected after initial acceptance into the pilot (2 due to violence, 1 due to a felony charge, 1 due to repeated noncompliance and property destruction, 2 due to repeated noncompliance).

Characteristics

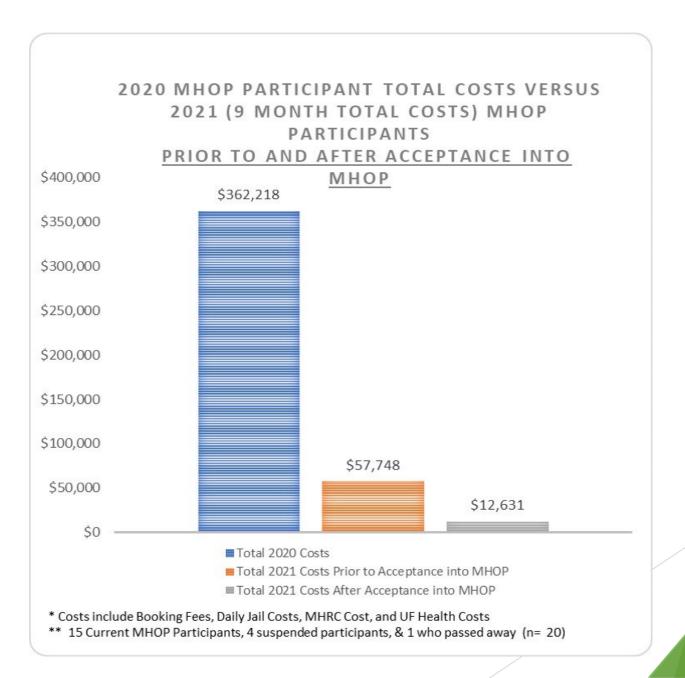
Age				
Age (years), mean (SD)	40.9 (10.33)			
Age range (years)	24-60			
Gender				
Male, n (%)	14 (70)			
Female, n (%)	06 (30)			
Ethnicity				
Black, n (%)	15 (75)			
Caucasian, n (%)	03 (15)			
Hispanic, n (%)	01 (5)			
Native American, n (%)	01 (5)			
Diagnosis				
Schizophrenia, n (%)	15 (75)			
Schizoaffective, n (%)	05 (25)			
Income				
SSI, n (%)	06 (30)			
No Income or SSI, n (%)	14 (70)			
Housing Status				
Homeless, n (%)	18 (90)			

Results from Pilot

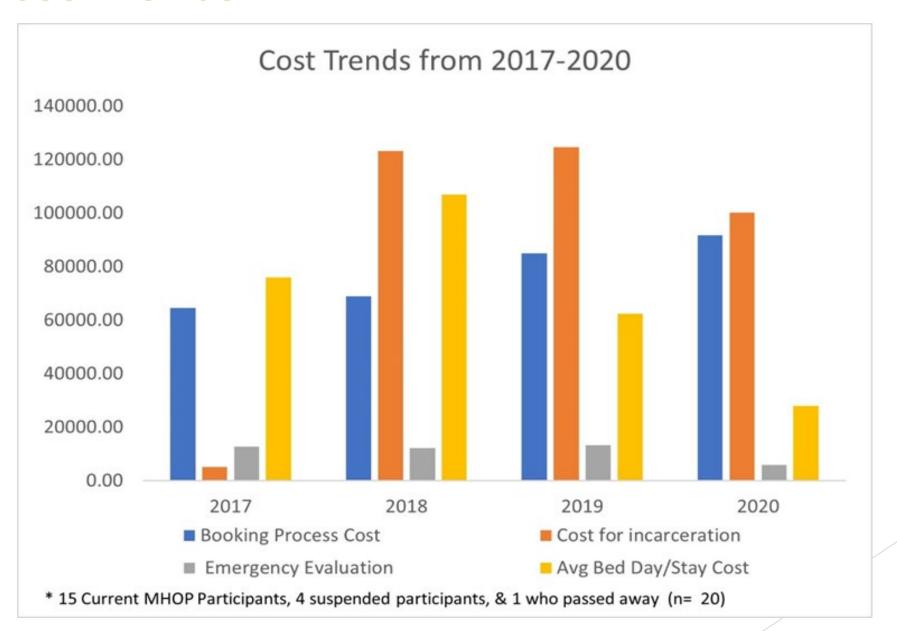
- ▶ At the conclusion of the pilot 86.7% (n=13) were in permanent housing, with 13.3% (n=2) in temporary housing while awaiting a permanent home. Due to the level of severity of mental illness, none of the pilot participants were able to be gainfully employed. At the conclusion of the pilot, 73.3% (n=11) of participants were receiving disability benefits, with 26.7% (n=4) pending their benefits.
- ▶ To calculate savings due to the pilot program, costs were figured for booking, days in jail, psychiatric hospital evaluations from clients sent directly from jail (DN7) and their subsequent hospital stays. The total cost for the 20 pilot participants in 2020 was \$362,218 and for the 20 participants in 2021 prior to entry into MHOP was \$57,748. After entry into MHOP the community costs were \$12,631.
- ► The monthly average arrest rate dropped 81% for the pilot participants, along with an 87.7% drop in the monthly average of days in jail, an 80.2% decrease in monthly average costs for arrest in booking process, an 85.5% drop in monthly average cost of jail stay and a 100% drop in DN7s (n=20).

Community Cost Savings

Participant Costs to County/Government Pre and Post MHOP



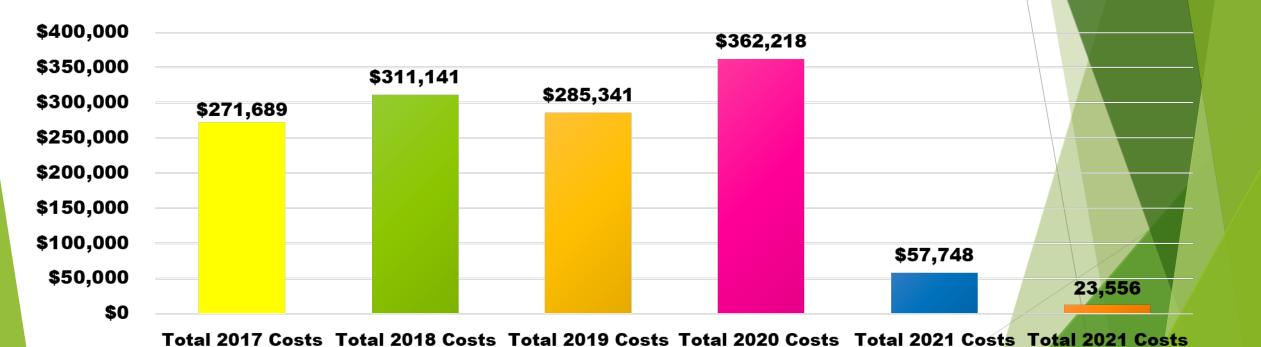
Cost Trends



12 Month Data

- ▶ The community costs were \$23,556 for 2021.
- ▶ The monthly average arrest rate dropped 81.2% for participants, along with an 79.2% drop in the monthly average of days in jail, an 80.6% decrease in monthly average costs for arrest in booking process, an 75.4% drop in monthly average cost of jail stay and a 100% drop in DN7s (n=20).

2017 - 2020 MHOP Participants Total Costs versus 2021 (12 Month Total Costs) MHOP Participants Prior to and After Acceptance into MHOP



Prior to

Acceptance into

MHOP

After Acceptance

into MHOP

A Few Surprises

- About 29% of individuals identified by JSO upon arrest were acceptable based on legal history (per state attorney) to be the pilot program
- Only 2 individuals had housing
- Predominately schizophrenia or schizoaffective disorder as the main diagnoses
- Long acting injectable antipsychotics key
- ▶ Of the 98 of the individuals identified upon arrest by JSO who met the screening criteria, a much lower number, 40 (or 29%) ended up being eligible after further vetting by the state attorney who did a deep dive on their past legal history.
- ▶ Of those 40, 28 initially agreed (70% acceptance rate), despite all being told they would receive housing, help with applying for benefits, and healthcare treatment, as well as clothing and food.

Patient Case





- 36yo Man with Intellectual Disability and Schizophrenia, IQ in 40s
- Arrested 97 times since 2017
- Countless hospitalizations
- Presented to our shelter initially shoeless, nonverbal, covered in his own feces, unaware of the cold or the elements, floridly psychotic, and sleeping in dumpsters.
- Shelters refused him because of difficulty toileting

- Initially trialed on Risperdal PO then Invega Sustenna, then Invega Trinza
- Required addition of Haldol decanoate
- Major intervention: Social Support- hired staff to stay with him assist with toileting, administer medicines → able to convert to clozapine and get accepted into ALF



Since 2017 community costs associated with him were \$337,008; after enrollment in MHOP those costs plummeted to \$2147

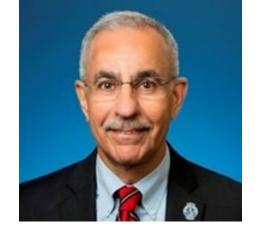
MHOP Expansion

- ▶ \$1.3 million in additional funding received to expand the program in 2022
- > \$200,000 from COJ, \$400,000 from JSO and \$700,000 from LSF with additional funding sources being vigorously pursued
- Currently can serve up to 40 clients at a time
- Additional staff hired Aftercare CM, Intensive CM, Program Manager
- Broadening referral base in addition to those on list created by JSO, Judges can directly refer as well as individuals previously Baker Acted from jail ("DN7") added to MHOP list
- Possible further referral source from expansion of co-responder team in Jacksonville and partnership
- Pending additional partnership with Samaritan
- ▶ Plan to go to 60 clients in 2023 and 80 clients in 2024



MHOP is a Team Effort





We would like to extend our sincere appreciation to the champions of this program, Chief Judge Mark Mahon of the Fourth Circuit Court in FL; Jacksonville City Councilman Ron Salem, JSO Sheriff Mike Williams, State Senator Aaron Bean, Dr. Christine Cauffield and Sulzbacher CEO Cindy Funkhouser. We would also like to thank our partners including the Duval County Circuit and County Judges, State Attorney's Office, Public Defender's Office, City of Jacksonville (especially the COJ City Council Social Justice Committee and Opioid Task Force), Jacksonville Sheriff's Office, Sulzbacher Center, Lutheran Services of Florida, and Gateway Community Services. We especially thank the MHOP team members Dr. Colleen Bell, Dr. Ana Turner, David Kilcrease, Shana Williams, Paula Ingram, Kirby Given, Matthew Boyd, Sharon Peterson and Jordan Byrd who have dedicated themselves wholeheartedly to partnering with the clients to transform their lives.







Community Psychiatry Fellowship

- UF Jacksonville and Orange Park Medical Center Psychiatry 4th year Residents, or post graduate
- MHOP court, street outreach, MHOP outreach, clinic, scholarly activity
- Hands on experiences: injections, drug testing, going to jail
- https://www.communitypsychiatry.org/resources/ model-curriculum

And We Have So Much Fun!!

• Outings: movies, zoo, bowling, holiday meals and gifts, celebrate birthdays







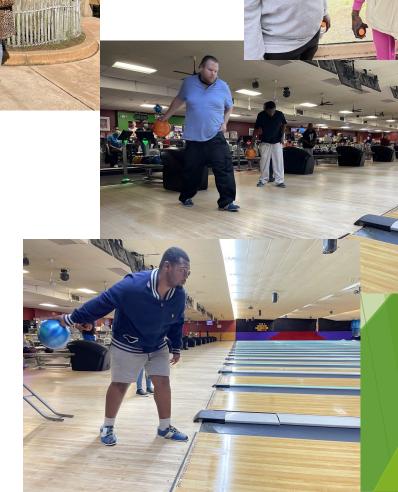


MHOP Activities











Graduation









The Mental Health Offenders Program - Video

https://www.dropbox.com/s/1bjyrod0rdkvqkl/Sulzbacher%27s%20MHOP%20Pr ogram.mp4?dl=0

References

- Christensen, R. Clinical considerations in the treatment of mentally ill homeless persons. Northeast Florida Medicine 2011; 62; 3; 26-30.
- Duval County Adult Drug Court Handbook available at https://www.jud4.org/Court-Programs/Drug,-Mental-Health,-and-Veterans-Treatment-Courts/Program-Materials-Resources/2017-Duval-ADC-Handbook.aspx
- Duval County Mental Health Court Handbook available at https://www.jud4.org/Court-Programs/Drug,-Mental-Health,-and-Veterans-Treatment-Courts/Program-Materials-Resources/2017-Duval-MHC-Handbook.aspx
- Fielding, et al. Los Angeles County drug court programs: initial results. Journal of Substance Abuse Treatment, 2002, 23: 217-224.
- Florida Council on Homelessness 2017 Annual Report
- Hayhurst KP, Leitner M, Davies L, Flentje R, Millar T, Jones A, et al. The effectiveness and cost-effectiveness of diversion and aftercare programmes for offenders using class A drugs: a systematic review and economic evaluation. Health Technol Assess 2015;19(6).
- Lowder, E., Desmarais, S., and Baucom, D. Recidivism following mental health court exit: Between and within-group comparisons. Law and Human Behavior, 2016, 40 (2): 118-127.
- McNiel, D., Binder, R. Effectiveness of a Mental Health Court in reducing criminal recidivism and violence. Am. J. Psychiatry, 2007, 164: 1395-1403.

References

- National Low Income Housing Coalition. "Out of Reach 2016." 2016. Available at http://nlihc.org/sites/default/files/oor/OOR_2016.pdf.
- Rosenheck, R., Leda Seibyl C. Homelessness: Health service use and related costs. Medical Care 1998; 36(8):1256-1264.
- RAND: Prisoner reentry: what are the public health challenges? RAND Research Brief. Santa Monica, CA: RAND, 2003. Available at www.rand.org/pubs/research_briefs/RB6013/RB6013.pdf. Accessed Aug 15 2019.
- Shinn, Gregory A. "The Cost of Long-Term Homelessness in Central Florida." Central Florida Commission on Homelessness. 2014. Available at http://rethinkhomelessness.org/wp-content/uploads/2014/11/Eco-Impact-Report-LOW-RES.pdf.
- Sirotich, F. The criminal justice outcomes of jail diversion programs for persons with mental illness: a review of the evidence. Journal of American Academy of Psychiatry and Law 2009: 27 (4): 461-472.
- US. Interagency Council on Homelessness https://www.usich.gov/ 2017 U.S. Department of Housing and Urban Development Report to Congress.
- Sawyer and Wagner. https://www.prisonpolicy.org/reports/pie2020.html
- Lamb HR, Weinberger LE, Gross BH. Mentally ill persons in the criminal justice system: some perspectives. Psychiatr Q. 2004;75(2):107-126. doi:10.1023/b:psaq.0000019753.63627.2c
- Bronson J, Berzofsky M. Indicators of mental health problems reported by prisoners and jail inmates, 2011-12. Bureau of Justice Statistics (2017): 1-16.

References

- Morgan RD, Fisher WH, Duan N, Mandracchia JT, Murray D. Prevalence of criminal thinking among state prison inmates with serious mental illness. Law Hum Behav. 2010;34(4):324-336. doi:10.1007/s10979-009-9182-z
- Morrissey J, Meyer P, Cuddeback G. Extending Assertive Community Treatment to criminal justice settings: origins, current evidence, and future directions. Community Ment Health J. 2007;43(5):527-544. doi:10.1007/s10597-007-9092-9
- Maruschak, L. M., Bronson, J., & Alper, M. (2021). Indicators of mental health problems reported by prisoners. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Miller, C.M., Fantz, A. (2007, November 15). Special "psych" jails planned, Miami Herald.
- Leifman S, Coffey T. Jail diversion: the Miami model. CNS Spectr. 2020;25(5):659-666. doi:10.1017/S1092852920000127
- Mills, S. D., Coffey, T., Newcomer, J. W., Proctor, S. L., Leifman, S., & Hassmiller Lich, K. (2020). The Eleventh Judicial Circuit Criminal Mental Health Project: Improving Access to Mental Health Treatment in Miami-Dade County. Psychiatric services (Washington, D.C.), 71(10), 1091-1094. https://doi.org/10.1176/appi.ps.201900572

QUESTIONS???