Safety & Security Council

Wednesday, February 6, 2008
3:00 p.m. – 5:00 p.m.
102 House Office Building, Reed Hall

Marco Rubio
Speaker

Dick Kravitz
Chair

The Florida House of Representatives

Safety & Security Council

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AGENDA
3:00 p.m. – 5:00 p.m.
102 House Office Building, Reed Hall

I. **Call Meeting to Order**

II. **Roll Call**

III. **Opening Comments**

IV. **Presentation on the Mentally Ill in the Criminal Justice System by Judge Steven Leifman , Special Advisor to the Florida Supreme Court on Criminal Justice and Mental Health; Chair, Florida Supreme Court's Mental Health Subcommittee**

V. **Presentation on the Governor's Budget Recommendations by Randy Ball**

VI. **Presentation on the Outward Bound Youth Program by Jack Cory**

VII. **Closing Remarks**

VIII. **Adjournment**

204 House Office Building, 402 South Monroe Street, Tallahassee, Florida 32399-1300
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STATEMENT OF

JUDGE STEVEN LEIFMAN

Special Advisor on Criminal Justice and Mental Health
Supreme Court of Florida

Associate Administrative Judge
Eleventh Judicial Circuit of Florida

before the

SAFETY & SECURITY COUNCIL

of the

FLORIDA HOUSE OF REPRESENTATIVES

concerning

MENTAL ILLNESS AND THE CRIMINAL JUSTICE SYSTEM:

Recommended Financing and Service Delivery Strategies to Transform Florida's Mental Health System

February 6, 2008

Mister Chair, Mister Vice-Chair, Ranking Member Taylor, and Members of the Safety & Security Council:

Thank you for the opportunity to provide testimony today about the critically important issue of mental illness and the criminal justice system. My name is Steve Leifman and, thanks in part to the support of the Florida Legislature, I currently serve as Special Advisor on Criminal Justice and Mental Health for the Supreme Court of Florida; a distinction for which I am both honored and humbled. In addition, since 1995 I have served as a judge in the Eleventh Judicial Circuit in Miami-Dade County.

When I became a judge, I had no idea I would become the gatekeeper to the largest psychiatric facility in the State of Florida; the Miami-Dade County Jail.

As a member of the judiciary, I see first hand the consequences of untreated mental illnesses both on our citizens and our communities. A former Surgeon General, Dr. David Satcher, once called mental illness the silent epidemic of our time, however for those of us who work in the justice system nothing could be further from the truth. Everyday our courts, correctional facilities, and law enforcement agencies are witness to a parade of misery brought on by untreated mental illnesses.

Part of the reason for this is that, over time and as the result of the unintended consequences of efforts to provide more compassionate alternatives to institutional confinement, the public mental health systems in Florida and across the United States have been funded and organized in such a way as to all but ensure that the most expensive services are provided, in the least effective manner, to the fewest number of individuals; those in acute crisis in inpatient settings.

Because community-based service delivery systems are often fragmented, difficult to navigate, and slow to respond to critical needs, many individuals with the most severe and disabling forms of mental illnesses who are unable to access primary and preventive care in the community eventually fall through the cracks and land in the criminal justice or state hospital systems where service costs are exponentially higher and targeted toward crisis resolution and restoration of competency, as opposed to promoting ongoing stable recovery and community integration.

As a result, instead of investing in community-based prevention, treatment, and wellness services, the state is increasingly forced to disproportionately allocate limited mental health funding and resources to costly crises services and inpatient hospital care in both the civil and forensic mental health systems. A similar impact is seen in the departments of corrections and juvenile justice as increasing numbers of individuals in prisons and detention centers are requiring ongoing and intensive mental health care.

For the better part of the past year, I have had the unique privilege of chairing the Supreme Court's Mental Health Subcommittee, which has been charged with reviewing the existing criminal justice and mental health systems, and making recommendations to improve the way in which these systems interact with one another and respond to individuals with mental illnesses. This remarkable group, which consists of representatives from all three branches of government, as well as top experts from the criminal justice, juvenile justice, and mental health communities,

has developed a comprehensive proposal targeting planning, leadership, financing, and service delivery strategies for individuals involved in or at risk of becoming involved in the justice system.

These strategies, outlined in a report titled Transforming Florida's Mental Health System which was released in November, focus on preventing individuals from unnecessarily entering the justice system to begin with, and responding quickly and effectively to individuals who do become involved in the justice system to link them to appropriate community-based services that will foster adaptive community living and decrease the likelihood of recidivism to the justice system.

Before discussing these recommendations in more detail, I would like to provide a brief historical overview to place the current challenges facing Florida in context:

Historical overview:

200 years ago, people with severe and disabling mental illnesses were often confined under cruel and inhumane conditions in jails. This was largely due to the fact that no alternative system of competent, community-based mental health care existed. During the 1800's, a movement known as moral treatment emerged that sought to hospitalize and treat individuals with mental illnesses rather than simply incarcerating them.

The first state psychiatric hospitals were opened in the United States during the late-1700's and early-1800's, and were intended to serve as more appropriate and compassionate alternatives to the neglect and abuse associated with incarceration. Unfortunately, overcrowding at these institutions, inadequate staffing, and lack of effective treatment programs eventually resulted in facilities being able to provide little more than custodial care. Physical and mental abuses became common and the widespread use of restraints such as straight-jackets and chains deprived patients of their most basic dignity and freedom. The asylums intended to be humane refuges for the suffering had instead turned into houses of horrors.

During the early part of the 19th century, Floridians with serious mental illnesses requiring hospitalization were sent to Georgia State Hospital in Milledgeville and South Carolina State Hospital in Columbia, and the State of Florida was charged $250 per person annually for care. In 1876, Florida State Hospital was opened in a former civil war arsenal in Chattahoochee, two years after the state first enacted statutes governing the care of people with mental illnesses. With little effective treatment available, the institution functioned primarily to provide a custodial environment where patients would not injure themselves, staff, or other residents, and to ensure public safety. In 1947, two years after the end of World War II, Florida's second state institution, G. Pierce Wood Hospital was opened in Arcadia on the site of a former military training grounds and air field. Because of tremendous population growth in the state following the war, overcrowding quickly became a significant problem at both facilities. By the late 1950s two additional hospitals were opened in Pembroke Pines and MacClenny.

By the mid-1900's, more than a half million people were housed in state psychiatric hospitals across the United States. The system was stretched beyond its limits and states desperately

needed some alternative to addressing this costly and ever-expanding crisis. Around this same time, the first effective medications for treating symptoms of psychosis were being developed, lending further support to the emerging belief that people with serious mental illnesses could be treated more effectively and humanely in the community. This period marked the beginning of the community mental health movement.

In 1963, Congress passed the Community Mental Health Centers Act 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. In what would be his last public bill signing, President Kennedy signed a $3 billion authorization to support this movement from institutional to community-based treatment. Tragically, following President Kennedy's assassination and the escalation of the Vietnam War, not one penny of this authorization was ever appropriated.

As more light was shed on the horrific treatment people received in state psychiatric hospitals, along with the hope offered by the availability of new and effective medications, a flurry of federal lawsuits were filed against states which resulted what became known as the deinstitutionalization of public mental health care. Unfortunately, there was no organized or adequate network of community mental health centers to receive and absorb these newly displaced individuals.

The fact that a comprehensive network of community mental health centers and services were never established has resulted in a fragmented continuum of care that has failed to adequately integrate services, providers, or systems; leaving enormous gaps in treatment and disparities in access to care. Furthermore, the community mental health system that was developed was not designed to serve the needs of individuals who experience the most chronic and severe manifestations of mental illnesses.

In two centuries, we have come full circle, and today our jails are once again psychiatric warehouses. There are two ironies in this chronology that have resulted in the fundamental failure to achieve the goals of the community mental health movement and allowed history to repeat itself in costly and unnecessary ways:

- First, despite enormous scientific advances, treatment for severe and persistent mental illnesses was never deinstitutionalized, but rather was transinstituionalized from state psychiatric hospitals to jails and prisons.
- Second, because no comprehensive and competent community mental health treatment system was ever developed, jails and prisons once again function as de facto mental health institutions for people with severe and disabling mental illnesses.

Current crisis:

The problems currently facing Florida's mental health and, consequently, criminal justice systems relate to the fact that the community mental health infrastructure was developed at a time when most people with severe and disabling forms of mental illnesses resided in state

hospitals. As such, the community mental health system was designed around individuals with more moderate treatment needs, and not around the needs of individuals who experience highly acute and chronic mental illnesses. People who would have been hospitalized 40 years ago because of the degree to which mental illness has impaired their ability to function are now forced to seek services from an inappropriate, fragmented, and unwelcoming system of community-based care. Oftentimes when these individuals are unable access to services through traditional sources, their only options to receive treatment is by accessing care through the some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and criminal justice systems.

On any given day in Florida, there are approximately 16,000 prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in the community who experience serious mental illness (SMI). Annually, as many as 125,000 people with mental illnesses requiring immediate treatment are arrested and booked into Florida jails. The vast majority of these individuals are charged with minor misdemeanor and low level felony offenses that are a direct result of their psychiatric illnesses. People with SMI who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, and experience co-occurring substance use disorders. Approximately 25 percent of the homeless population in Florida has an SMI and over 50 percent of these individuals have spent time in a jail or prison.

Roughly 150,000 children and adolescents, under the age of 18, are referred to Florida's Department of Juvenile Justice every year. Many of these youth have been impacted by poverty, violence, substance abuse, and academic disadvantage. Over 70 percent have at least one mental health disorder. Of youth diagnosed with a mental health disorder, 79 percent meet criteria for at least one other psychiatric diagnosis.

According to a 2006 report by the National Association of State Mental Health Program Directors Research Institute, the State of Florida ranked 12th nationally in spending for forensic mental health services. Today, this estimate is likely to be considerably higher as this did not take into account the state's investment earlier this year of more than $16 million in emergency funding allocated by the Legislative Budget Commission and the addition of $48 million in annual funding to add 300 desperately needed treatment beds to the overflowing forensic system. To put this in a more acute perspective, the State of Florida currently spends roughly a quarter of a billion dollars annually to treat 1,700 individuals under forensic commitment; most of whom are receiving services to restore competency so that they can stand trial on criminal charges and, in many cases, be sentenced to serve time in state prison.

The following figures, taken from testimony provided before the Legislative Budget Commission prior to the approval of emergency funding for additional forensic beds, demonstrate just how economically inefficient it is to invest in costly back-end services. The same $48 million invested in the community would be enough to:

- Fund mental health care for more than 260,000 children or 60,000 adults at current spending rates
- Fund substance abuse services for 238,000 children or 372,000 adults annually

- Pay for psychotherapeutic medications for nearly 15,000 individuals for a year
- Fund 37 new FACT teams, more than doubling the state's capacity to provide 24-hour community supports for individuals with SMI living in the community
- Provide annual housing subsidies for nearly 15,000 individuals/families (at $300 per month)

Individuals ordered into forensic commitment are now the fastest growing segment of the publicly funded mental health marketplace in Florida. Between 1999 and 2007, forensic commitments increased by 72 percent, including an unprecedented 16 percent increase between 2005 and 2006. Based on recent trends, if the existing system does not change, the state faces forensic expenditures of roughly a half billion dollars annually by the year 2015 to provide services to only about 2,500 individuals.

The magnitude of this problem is even more striking in the state prison system. According to the Bureau of Justice Statistics, more than half of all inmates in state prisons across the United States experience mental health difficulties, with one in six diagnosed with a serious mental illness. Similar to the forensic mental health system, inmates with mental illnesses are now the fastest growing subpopulation in prisons.

Because of lack of community resources and inadequate pre- and post-release service planning and coordination, many individuals with mental illnesses who are released from prisons are unable to access basic supports needed for successful community re-entry, such as housing and medications. As a result, substantial numbers of individuals with mental illnesses, unable to successfully re-integrate into the community are eventually re-arrested and returned to jails and prisons. Ironically, as many as half of these individuals are re-arrested not for committing new offenses, but for violating conditions of their probation or parole, such as failing to report to treatment or to maintain stable housing or employment.

Over time, and in conjunction with a decrease in the availability of residential and community-based services and supports, this has resulted in a substantial increase in the number of inmates in Florida prisons who experience mental illnesses, along with significant burdens and costs to the state prison system to respond to the needs of these individuals. According to the Florida Department of Corrections, between 1995 and 2007 the percentage of inmates receiving ongoing mental health services in state prisons increased from 10.6 percent to 18.1 percent, an overall proportional increase of more than 70 percent. Among inmates with mental illnesses, the percentage with severe and persistent mental illness (SPMI), requiring the most acute and costly levels of care, increased from 17.3 percent to 39.1 percent between 1995 and 2006, an overall proportional increase of 126 percent. Similarly, the number of inmates housed in inpatient mental health settings within the Department of Corrections more than doubled between 2000 and 2006.

Providing appropriate levels of care to this rapidly expanding subpopulation has meant a substantial increase in investment in costly acute care services and treatment infrastructure. Currently, mental health services are provided in all major correctional facilities, with 9 facilities providing inpatient levels of mental health care. The Department of Corrections operates

roughly 1,150 inpatient mental health treatment beds, which is more beds than currently exist across the state's entire inpatient civil commitment system. While many inmates with mental illnesses are housed in the general population, this is not without added cost. In addition to requiring ongoing medication and other treatment services in many cases, as these inmates are nearly twice as likely to be placed in confinement settings as compared to inmates without mental illnesses.

Over the past 9 years, the daily population of inmates with mental illnesses in Florida prisons has increased from roughly 8,000 to nearly 17,000 individuals. Based on these trends, Florida can expect the number of prison inmates with mental illnesses to nearly double in the next 9 years to over 32,000 individuals, with an average annual increase of roughly 1,700 inmates per year. A population this size would be enough to fill more than 20 of the states largest existing correctional institutions, with the equivalent of one new prison the size of the states third largest institution added every year. Combined with recent trends in the growth of the general prison population, the Department of Corrections is currently looking at spending almost $2 billion over the next 5 years to build 19 new prisons – a substantial proportion slated to house people with mental illnesses.

While expenditures in the area of forensic mental health services place Florida near the top of list nationally, the level of per capita spending expenditures on front-end community-based services intended to promote recovery, resiliency, and adaptive life in the community place the state near dead last at 48th nationally. Last year alone, more than half of all adults with serious mental illnesses and about a third of all children with severe emotional disturbances in need of treatment in the Florida's public mental health system had no access to care. Furthermore, where services do exist difficult to navigate and inefficient points of entry result in barriers to accessing preventative and routine care; and despite recent research which has lead to the identification and development of increasingly effective, evidence-based interventions for serious mental illnesses, such treatments have yet to be adequately implemented by many service providers in the public mental health system.

The justice system was never intended to serve as the safety net for the public mental health system and is ill-equipped to do so. Florida's jails and prisons have been forced to house an increasing number of individuals who are unable to access critically needed and competent care in the community. In many cases, necessary linkages between the justice system and the community for individuals coming out of jails and prisons simply don't exist. As a result, individuals who may have been identified and received care while incarcerated are routinely released to the community with no reasonable plan or practical means for accessing follow-up services. In other situations, such as those involving individuals charged with misdemeanor offenses and found to be incompetent to stand trial, the system has no choice but to release the individual back to the community, often with no treatment at all. The irony is that if a hospital or healthcare professional were to release a person known to be psychiatrically and functionally impaired and in need of further treatment without a comprehensive discharge plan, they could be accused of malpractice; however when judges are forced to make the same decision, they are simply following statute. This is a dangerous precedent and one which has the potential to result in unintended, unnecessary, and harmful consequences.

The failure to design and implement an appropriate and comprehensive continuum of community-based care for people who experience the most severe forms of mental illnesses have resulted in:

- Substantial and disproportionate cost shifts from considerably less expensive, front end services in the public mental health system to much more expensive, back-end services in the juvenile justice, criminal justice, and forensic mental health systems
- Compromised public safety
- Increased arrest, incarceration, and criminalization of people with mental illnesses
- Increased police shootings of people with mental illnesses
- Increased police injuries
- Increased rates of chronic homelessness

Solution:

Current, state expenditures on mental health services have become disproportionately skewed toward providing expensive, acute-care services such as crisis-stabilization and hospitalization in state-funded facilities, not to mention services provided in jails and prisons. Such heavy investment in these kinds of "back end" services has come at the cost of being able to develop an adequate continuum of primary and preventive care in the community to serve individuals who experience the most acute forms of mental illnesses.

To effectively and efficiently address the most pressing needs currently facing the mental health, criminal justice, and juvenile justice systems in Florida, it is recommended that the state invest in a redesigned and transformed system of care oriented around ensuring adequate access to appropriate prevention and treatment services in the community, minimizing unnecessary involvement of people with mental illnesses in the criminal justice system, and developing collaborative cross-systems relationships that will facilitate continuous, integrated service delivery across all levels of care and treatment settings.

Given the alarming projections regarding the growth in the prison population, it is imperative that the state move assertively to implement alternatives that, at a minimum, will stem the inflow of inmates with mental illnesses into prisons. Even if the recommended changes to the mental health system produced only modest reductions in prison admissions, the potential cost avoidance would be substantial. Based on the current census levels, achieving a 10 percent reduction in the number of individuals with mental illnesses in the prison system would mean a reduction of more than 1,700 inmates – enough to fill an entire prison.

In the Mental Health Subcommittee's report, recommendations are made for the development of a comprehensive and competent mental health system which will prevent individuals from entering the justice system to begin with and will respond to individuals who do become involved in the justice system quickly and effectively to link them to appropriate community-based services that will foster adaptive community living and decrease the likelihood of recidivism to the justice system. By designing an appropriate and responsive system of care for

individuals with serious mental illnesses, severe emotional disturbances, and/or co-occurring substance use disorders, people who otherwise would continue to recycle through the justice system will be served more effectively and efficiently. Public safety will be improved and the rate of individuals accessing more costly services in forensic mental health and criminal justice systems will be reduced.

Under this redesigned system of care, which will serve both adults with serious mental illnesses and children with severe emotional disturbances there will be:

- Programs incorporating best-practices to support adaptive functioning in the community and prevent individuals with mental illnesses from inappropriately entering the justice and forensic mental health systems.
- Mechanisms to quickly identify and appropriately respond to individuals with mental illnesses who do become inappropriately involved in the justice system.
- Programs to stabilize individuals and link them to recovery-oriented, community-based services that are responsive to their unique needs.
- Financing strategies which will leverage federal resources under new Medicaid programs and redirect cost savings from the forensic mental health system to make more efficient and effective use of current state general revenue funding.

Key elements of the proposed plan include:

- Adoption of financing strategies, designed around principles of managed care, that create incentives to prevent individuals from inappropriately entering the justice systems, and to quickly respond to individuals who do become involved in the justice system.
- Establishment of a multi-tiered, level of care classification system targeting individuals at highest risk of institutional involvement in the criminal justice, juvenile justice, and state mental health systems to ensure adequate services in times of acute need when at risk of penetration into institutional levels of care, and maximizing limited state resources during periods of relatively stable recovery.
- Creation of a statewide system of limited enrollment, Integrated Specialty Care Networks (ISCNs) under a newly authorized Medicaid state plan option targeting Home and Community Based Services (HCBS) and specifically tailored to serve individuals with serious mental illnesses or severe emotional disturbances who are involved in or at risk of becoming involved in the justice system or other institutional levels of care.
- State certification of local providers and communities for participation in the proposed ISCNs, who demonstrate:
    - The ability to deliver effective, high-quality services across systems of care to individuals at highest risk of becoming involved in the criminal justice system or other institutional levels of care.
    - Ongoing, collaborative relationships with state and local criminal justice and community stakeholders that will facilitate early intervention and continuity of care across systems.

- Implementation of strategies targeting community readiness and individuals at highest risk for institutional involvement.
- Establishment of a partnership between the Department of Children and Families and the Agency for Health Care Administration to maximize funding streams and opportunities to serve individuals covered under public entitlement benefits (i.e., Medicaid) as well as those not covered.
- Programs to maximize access to federal entitlement benefits by expediting the application process and increasing initial approval rates for individuals prescreened to be eligible for benefits.
- Strategic, phased in implementation over a six year period to ensure adequate infrastructure development and sustainability.
- Strategic reinvestment of general revenue appropriations currently allocated to the state forensic system into community-based services targeting individuals at risk of criminal justice system involvement.
- Establishment of a Statewide Leadership Group to provide administrative oversight and facilitate technical assistance with the development of state and local plans.
- Implementing strategies and promising practices to maximize enrollment in federally supported entitlement benefits such as Medicaid and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI).
- Expansion of the Criminal Justice/Mental Health/Substance Abuse Reinvestment Grant Program to build local and statewide infrastructures.
- Development of local and statewide collaborations.

It is also recommended that the State of Florida explore strategies for developing a dedicated funding source that would supplement general revenue to ensure ongoing support and maintenance of effort for this initiative. According to the National Association of State Mental Health Program Directors, state mental health agencies in at least 7 states including Alabama, California, Indiana, Louisiana, Montana, Virginia, and Vermont receive dedicated taxes to fund mental health services. Many of these states have accomplished this at relatively little expense to the average citizen by tapping into nontraditional sources of revenue such as cigarette taxes and surcharges document recordings.

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 state, we all must be a part of the solution.

By designing an appropriate and responsive system of care for individuals with serious mental illnesses, severe emotional disturbances, and/or co-occurring substance use disorders, people who otherwise would continue to recycle through the justice system will be served more effectively and efficiently. Furthermore, by ensuring that individuals transitioning between systems of care such as hospitals, correctional settings, and community mental health centers are

provided with services that are coordinated and continuous, we will reduce the numbers of individuals who fall through the cracks. Public safety will be improved and the rate of individuals accessing more costly services in forensic mental health and criminal justice systems will be reduced.

Thank you for your time and for your consideration.

TRANSFORMING FLORIDA'S MENTAL HEALTH SYSTEM

CONSTRUCTING A COMPREHENSIVE AND COMPETENT CRIMINAL JUSTICE/MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT SYSTEM:

Strategies for Planning, Leadership, Financing, and Service Development

National perspective:

- In 1955, some 560,000 people with mental illnesses were confined in state psychiatric hospitals across the United States. By the year 2000, only about 56,000 remained in such facilities. Today only about 40,000 people with mental illnesses remain in state psychiatric hospitals.
- Since 1955, 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 more than 400 percent.
- The National GAINS Center estimates that more than 1.1 million people diagnosed with serious mental illnesses are arrested and booked into jails annually.
- 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.
- Over the last ten years, we have closed more than twice as many hospitals as we did in the previous twenty.
- Roughly three-quarters of individuals with mental illnesses who are incarcerated also meet criteria for co-occurring substance use disorders.
- As of mid-year 1998, the Department of Justice estimated that almost 300,000 people with mental illnesses were incarcerated in jails and prisons across the United States, and more than 500,000 people with mental illnesses were on probation in the community. Today, these numbers are likely to be significantly higher.

Florida:

- Roughly 125,000 people with serious mental illnesses requiring immediate treatment are arrested and booked into Florida jails annually.
- On any given day in Florida, there are approximately 16,000 prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in the community who experience serious mental illness.
- Over the past 8 years, the annual number of forensic commitments in Florida has increased from 863 to 1,478 admissions. This represents an annual increase of more than 7 percent or 77 individuals per year.

- Based on recent trends, the number of forensic commitments is projected to increase by roughly 1,100 admissions in the next 8 years, with total admissions by 2015 exceeding 2,500 per year. This represents an average annual increase of nearly 140 individuals per year.
- The State of Florida currently spends roughly a quarter of a billion dollars annually to treat roughly 1,700 individuals under forensic commitment; most of whom are receiving services to restore competency so that they can stand trial on criminal charges and, in many cases, be sentenced to serve time in state prison. Based on recent trends, if the existing system does not change, the state faces potential forensic expenditures of a half billion dollars annually on by the year 2015.
- Between 1995 and 2007 the percentage of inmates in Florida prisons receiving ongoing mental health services increased from 10.6 percent to 18.1 percent.
- Over the past 9 years, the daily population of inmates with mental illnesses in Florida prisons has increased from roughly 8,000 to nearly 17,000 individuals. This represents an annual increase of nearly 8 percent or 900 individuals per year.
- Based on recent trends, Florida can expect the number of prison inmates with mental illnesses to nearly double in the next 9 years to over 32,000 individuals, with an average annual increase of roughly 1,700 individuals per year. A population this size would be enough to fill more than 20 of the states largest existing correctional institutions, with the equivalent of one new prison the size of the states third largest institution added every year.
- Since 1998, the total number of civil mental health beds in Florida's state hospitals has decreased by 43% from 1,800 beds to 1,031 beds today.
- During this same period of time, the total number of forensic mental health beds in Florida's state hospitals has increased by 73% from 1,010 beds to 1,749 beds today.
- Between 1998 and 2007, the total number of individuals served in the forensic mental health system increased by 63% from 1,605 to 2,623. This figure is projected to reach 2,900 by 2008.
- Individuals ordered into forensic commitment are now the fastest growing segment of the publicly funded mental health marketplace in Florida. Between 1999 and 2007, forensic commitments increased by 72 percent, including an unprecedented 16 percent increase between 2005 and 2006.
- During the 2000 regular session, the Florida Legislature approved $48 million in new funding to create roughly 300 additional forensic mental health treatment beds.
- Although the State of Florida ranks 12th in the nation in spending for forensic mental health services, it ranks 48th nationally in overall per capita public mental health spending.
- Last year alone, more than half of all adults with SMI and about a third of all children with severe emotional disturbances (SED) in need of treatment in the Florida's public mental health system had no access to care.

- Roughly 150,000 children and adolescents, under the age of 18, are referred to Florida's Department of Juvenile Justice (DJJ) every year.
- Over 70 percent of children served by the juvenile justice system have at least one mental health disorder, with females experiencing higher rates of disorders (81%) than males (67%).
- Of youth diagnosed with a mental health disorder, 79 percent meet criteria for at least one other co-morbid psychiatric diagnosis, the majority of whom (approximately 60 percent) are diagnosed with a co-occurring substance use disorder.
- Approximately 25 percent of the homeless population in Florida has an SMI and over 50 percent of these individuals have spent time in a jail or prison.

The consequences of the failure to design and implement an appropriate system of community-based care for people who experience the most severe forms of mental illnesses have been:

- Substantial and disproportionate cost shifts from considerably less expensive, front end services in the public mental health system to much more expensive, back-end services in the juvenile justice, criminal justice, and forensic mental health systems
- Compromised public safety
- Increased arrest, incarceration, and criminalization of people with mental illnesses
- Increased police shootings of people with mental illnesses
- Increased police injuries
- Increased rates of chronic homelessness

Solution:

In the Mental Health Subcommittee's report, recommendations are made for the development of a comprehensive and competent mental health system which will prevent individuals from entering the justice system to begin with and will respond to individuals who do become involved in the justice system quickly and effectively to link them to appropriate services and prevent recidivism. By designing an appropriate and responsive system of care for individuals with serious mental illnesses, severe emotional disturbances, and/or co-occurring substance use disorders, people who otherwise would continue to recycle through the justice system will be served more effectively and efficiently. Public safety will be improved and the rate of individuals accessing more costly services in forensic mental health and criminal justice systems will be reduced.

Under this redesigned system of care, which will serve both adults with serious mental illnesses (SMI) and children with severe emotional disturbances (SED) there will be 1) programs incorporating best-practices to support adaptive functioning in the community and prevent individuals with SMI/SED from inappropriately entering the justice and forensic mental health systems, 2) mechanisms to quickly identify and appropriately respond to individuals with SMI/SED who do become inappropriately involved in the justice system, 3) programs to stabilize these individuals and link them to recovery-oriented, community-based services that are

responsive to their unique needs; and 4) financing strategies which redirect cost savings from the forensic mental health system and establish new Medicaid funding programs.

Key elements of the proposed plan include:

- Adoption of innovative financing strategies, designed around principles of managed care, that create incentives to prevent individuals from inappropriately entering the justice systems, and to quickly respond to individuals who do become involved in the justice system.
- Establishment of a multi-tiered level of care classification system targeting individuals at highest risk of institutional involvement in the criminal justice, juvenile justice, and state mental health systems to ensure adequate services in times of acute need when at risk of penetration into institutional levels of care and maximizing limited state resources during periods of relatively stable recovery.
- Creation of a statewide system of limited enrollment, Integrated Specialty Care Networks (ISCNs) under a newly authorized Medicaid state plan option targeting Home and Community Based Services (HCBS) and specifically tailored to serve individuals with SMI/SED who are involved in or at risk of becoming involved in the justice system or other institutional levels of care.
- State certification of local providers and communities for participation in the proposed ISCNs, who demonstrate:
    - The ability to deliver effective, high-quality services across systems of care to individuals at highest risk of becoming involved in the criminal justice system or other institutional levels of care.
    - Ongoing, collaborative relationships with state and local criminal justice and community stakeholders that will facilitate early intervention and continuity of care across systems.
- Implementation of strategies targeting community readiness and individuals at highest risk for institutional involvement.
- Establishment of a partnership between DCF and AHCA to maximize funding streams and opportunities to serve individuals covered under public entitlement benefits (i.e., Medicaid) as well as those not covered.
- Programs to maximize access to federal entitlement benefits by expediting the application process and increasing initial approval rates for individuals prescreened to be eligible for benefits.
- Strategic, phased in implementation over a six year period to ensure adequate infrastructure development and sustainability.
- Strategic reinvestment of general revenue appropriations currently allocated to the state forensic system into community-based services targeting individuals at risk of criminal justice system involvement.
- Establishment of a Statewide Leadership Group to provide administrative oversight and facilitate technical assistance with the development of state and local plans.

- Implementing strategies and promising practices to maximize enrollment in federally supported entitlement benefits such as Medicaid and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI).
- Expansion of the Criminal Justice/Mental Health/Substance Abuse Reinvestment Grant Program to build local and statewide infrastructures.
- Development of local and statewide collaborations.