



(Tab 4: Project Narrative)

Under the current system, individuals are often held in jail for extended periods of time, even when they are not a danger to the community or have the ability to pay bail. This is particularly true for individuals with mental health issues, who often do not have the resources to pay bail and are held in jail until they can be evaluated by a mental health professional. This is a costly and ineffective way of dealing with mental health issues.

The current system also fails to address the underlying causes of criminal behavior, such as poverty, lack of education, and substance abuse. By focusing on punishment rather than rehabilitation, the system does little to reduce recidivism rates. Instead, it perpetuates a cycle of crime and incarceration that is difficult to break.

The Hillsborough County Jail, which has 144 beds, for psychiatric offenders (14-15, an average of 78.7 days) received psychiatric medications 41% of the time. The average age of inmates was 31.1 years, with 55% and 78% in the 25-30 and 31-35 age groups, respectively. There were 4,295 medical examinations in 2014, and 777 in 2015.

According to a longitudinal analysis of over two decades of Hillsborough County Jail utilization data, the top 30 jail utilizers were responsible for a total of 64,376 days of costs more than \$8,099,733, measured in 2014 dollars, which does not include related expenses such as court costs, legal fees, psychiatric medications, and medical care. The majority of offenders in this group had existing diagnoses of co-occurring disorders and at least one single offender with the most days in the Hillsborough County Jail (3,517 days) had been a prior Ch. 91 F.S. client. Records dating from October 2014 to July 2016 indicate that only 264 persons booked at the jail had private insurance. Last fiscal year, HCSO paid \$3,900,000 for off-site medical care, and an additional \$506,628.37 for their share of medical care that exceeded the contract amount.

Trend Analysis: Average annual inmate bookings have decreased steadily every year since 2012, from a total of 56,682 in 2012 to 41,319 in 2015, a decrease of 27%. The

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Offender Social Intervention Programs have been shown to have a positive impact on recidivism rates. The effectiveness of these programs is largely dependent on the quality of the intervention and the level of community support. Research indicates that programs with a focus on cognitive-behavioral therapy and social skills training are most effective. Additionally, the involvement of family and community members in the intervention process can significantly improve outcomes. The current study aims to evaluate the impact of a community-based offender social intervention program on recidivism rates among individuals with mental health issues. The study will focus on the following research questions: 1) What are the key components of an effective offender social intervention program? 2) How does community support influence the effectiveness of such programs? 3) What are the barriers to implementing community-based offender social intervention programs? The study will use a mixed-methods approach, combining quantitative data on recidivism rates with qualitative data on community support and program implementation. The findings of this study will be used to inform the development of evidence-based offender social intervention programs and to promote community-based approaches to offender rehabilitation.

Priority Community Concern:

Hillsborough County participated in a cross-systems mapping exercise in which the results provided a description of potential interventions at each jurisdiction in the County Justice and Behavioral Health Systems. The process was a collaborative effort between the County and the State, and the results were used to identify gaps in service delivery and resource opportunities. The mapping exercise identified several key areas for improvement, including the need for better communication and coordination between the County and the State, and the need for more targeted interventions for individuals with mental health issues. The findings of this mapping exercise will be used to inform the development of a community-based offender social intervention program and to promote community-based approaches to offender rehabilitation.

Subsequent to the completion of the System Mapping exercise, the issue of stakeholder engagement began to define specific steps that could be taken to address the identified needs of the group. The group discussed the system's strengths and weaknesses, and identified key areas for improvement, including the need for better communication and coordination between the County and the State, and the need for more targeted interventions for individuals with mental health issues. The group also identified several key areas for improvement, including the need for better communication and coordination between the County and the State, and the need for more targeted interventions for individuals with mental health issues. The findings of this mapping exercise will be used to inform the development of a community-based offender social intervention program and to promote community-based approaches to offender rehabilitation.

Gaps, Themes, and Solution Identification:

Centralized Mental Health Court w/ case management service, Limited access to services, or lack of communication of available services: Judicial Circuit 3 is presently instituting a Specialty Mental Health Court. In support of that initiative, this Grant will provide for a full time Court Mental Health Liaison position to serve the Court, to match individuals with appropriate diversion options, and to facilitate linkages between the Court and the diversion case management

<sup>6</sup> Balyakina et al., 2014; Corrigan & Watson, 2005; Messina, Burdon, Hagopian, & Greidergast, 2004; McCaule et al., 2012; Mueser, Drake, & Mordsey, 1998; Peters, LeVasseur, & Chaudler, 2004; Wilson, Draine, Hadley, Metraux, & Evans, 2011  
<sup>7</sup> Skem, Nicholson & Kregg, 2008, National Resource Center, 2012

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3

Mental Health Court Intensive Case Management Process

This process supports the development of a centralized care management for the defendant's mental health. The process is implemented through a system of integrated response (IR) and monitoring. The following identifies the various intervention points in the process. The high level flowchart described on the Court's website (www.court.mhli.org) provides a more detailed description of the flowchart and the delineation of roles and duties as identified in the dark blue pathway.

To start the conversion process, the assigned prosecutor must determine that the defendant's mental underlying illness was the primary factor in the commission of the alleged crime and that obtaining mental health treatment for the defendant should be the goal for resolution of the case. As soon as reasonably possible, the Court Mental Health Liaison will engage an ACTS Intensive Case Manager to begin transition planning and establish the linkages necessary to accomplish a seamless transition into ACTS treatment services (residential and/or outpatient) and the necessary linkages to housing and psychosocial supports, as appropriate. Throughout the course of the participants' Court supervision, the ACTS Intensive Case Managers will maintain regular







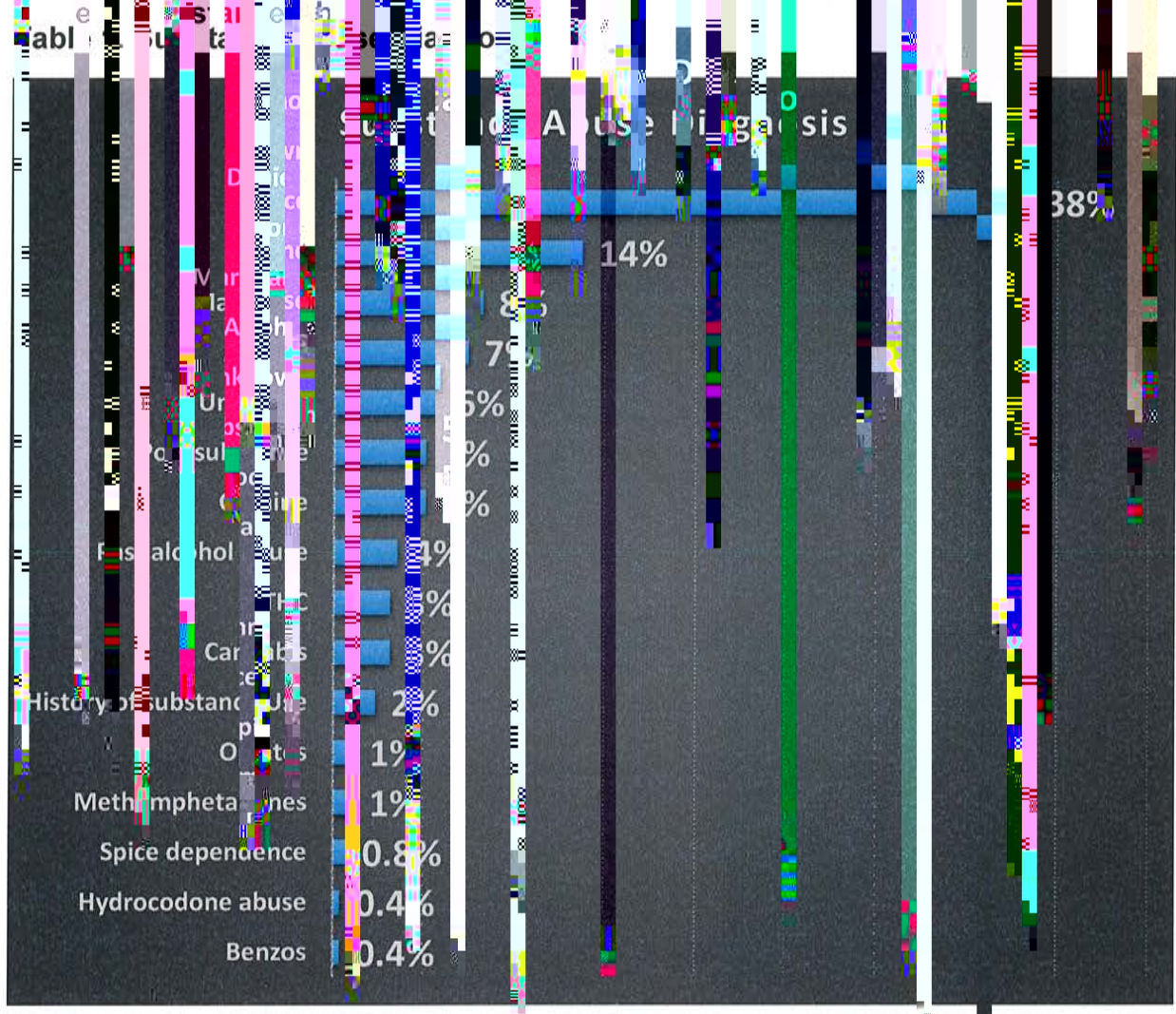


Table 2. Mental Health Diagnosis

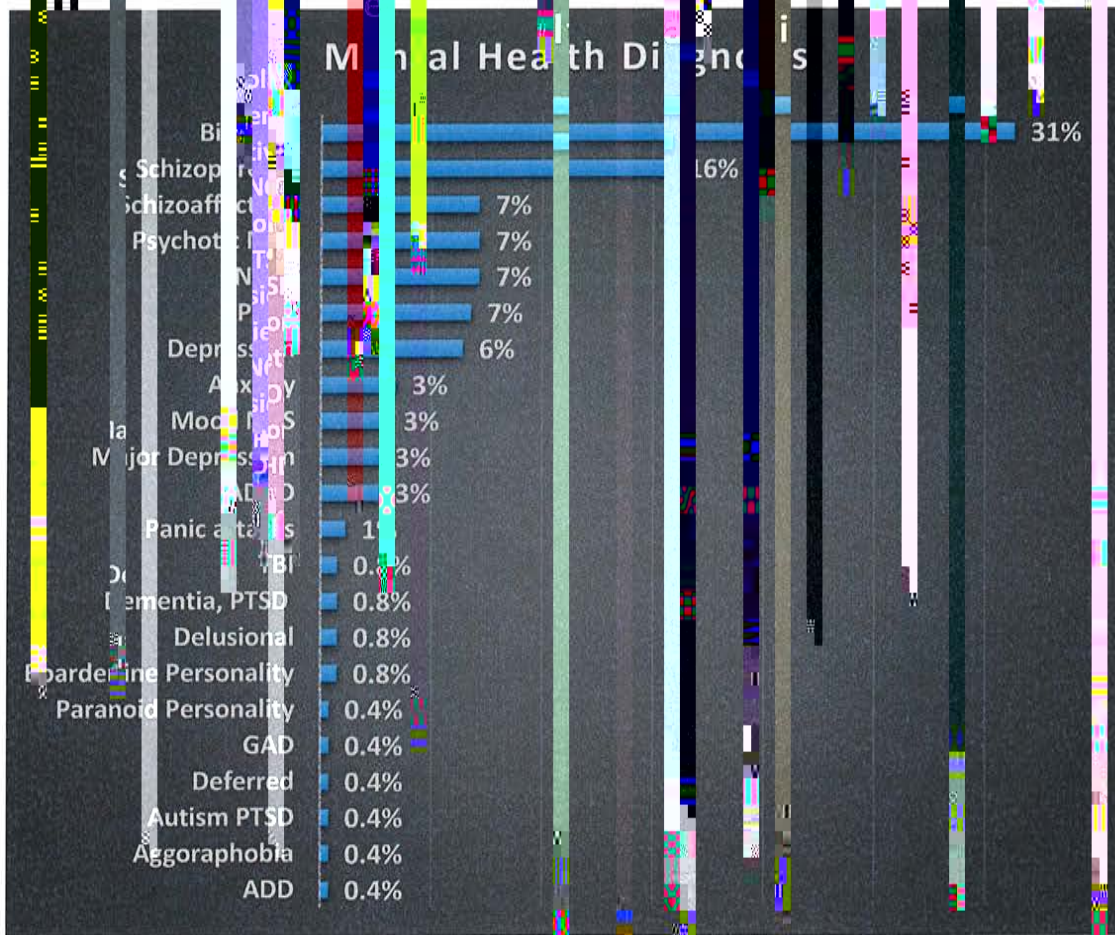


Table 1. Charges

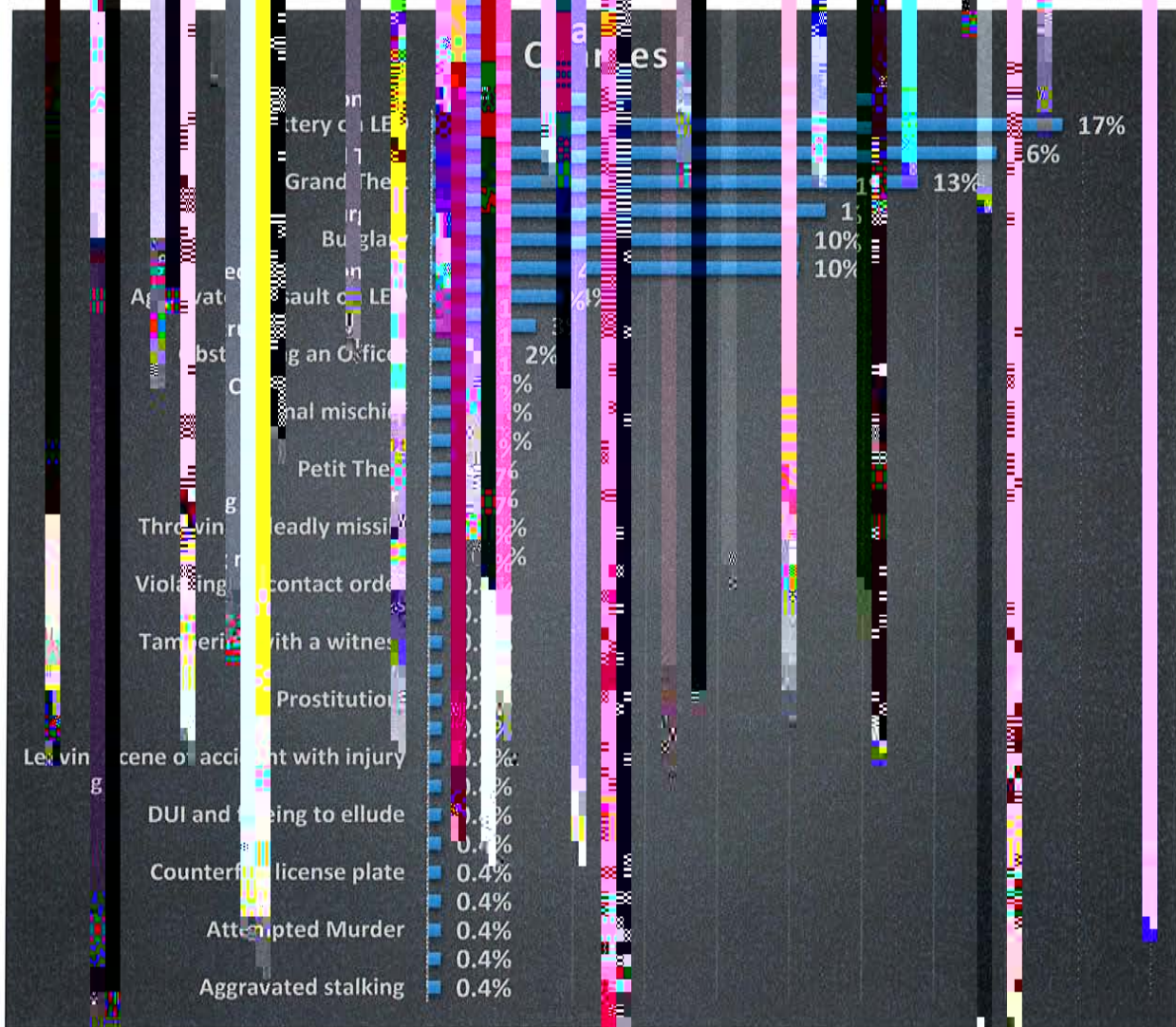
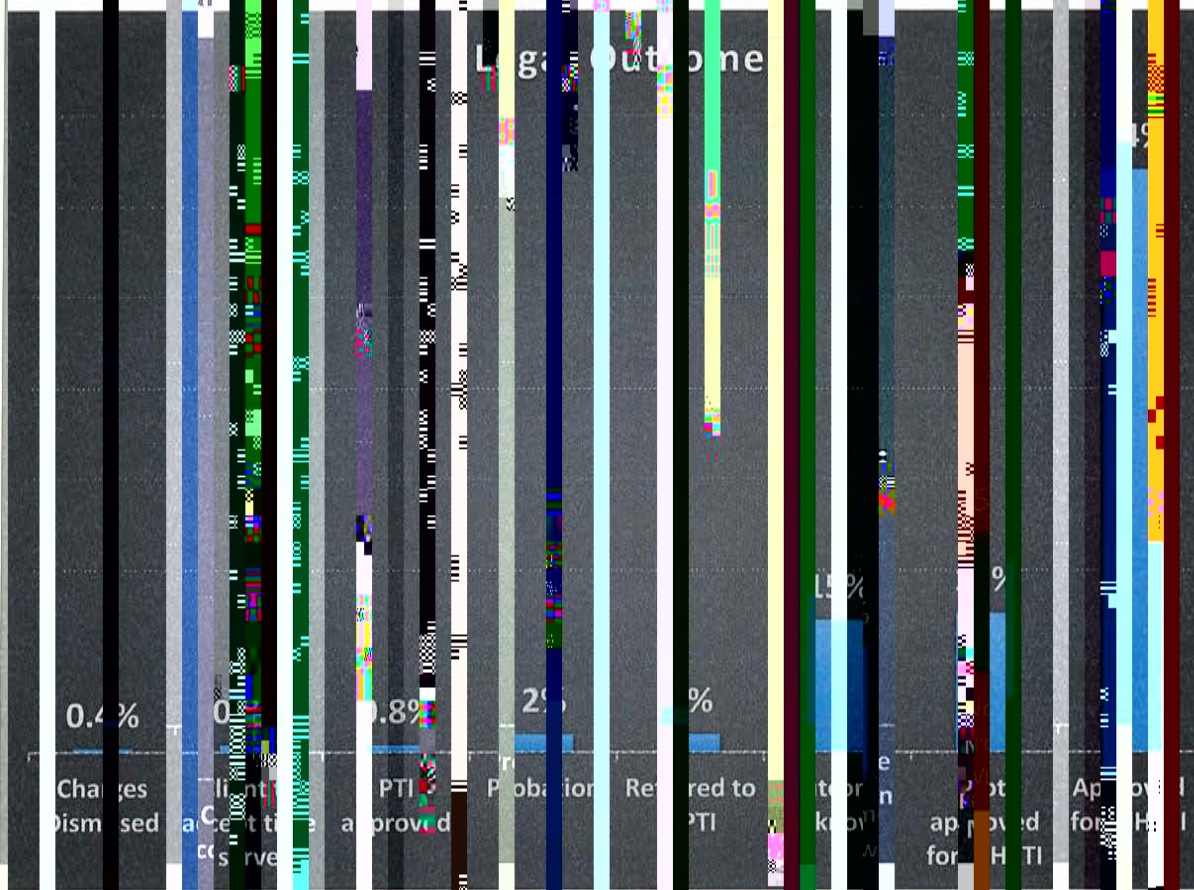


Table 4. Legal Outcome



Of these 35 individuals, 29, or 82.85%, have had at least one episode of homelessness. Six of these individuals have had services with both agencies, and five of those individuals, or 31.1%, are registered in UNITY, the Hillsborough County Homeless Initiative Management Information System, as previously or currently homeless.

Services for these individuals were provided through the Juvenile Assessment Center (8 episodes); Admissions Receiving Facility (4 episodes); recovery support (1 episode); approximately two months; Gracepoint Outpatient (15 individuals); Central Intake (4 episodes); Crisis Stabilization Unit (4 episodes); and the Intensive Treatment Program (1 individual). Numbers are more than 35 due to multiple episodes for some individuals.

Fund sources were primarily DCF/CFBLN (17%), Medicare (20%), and Medicaid (31.42%). Only five individuals reported having private insurance. Only one participant was engaged with the Hillsborough County Health Care Plan. Two persons were veterans, and during services, one was linked with Veterans Affairs (VA) benefits.



The current... illnesses... Being... Health... would... who... subs... aren... the... expect... "Ment... Health... Enhanc...

- Prioritize... Priority... of the... by... Administration... Enhance... (MH)... changed... for... Enhance... to... Provide... Health... and... and... Provide... Quadrant... Occurring... misde... inappropriate

**3.4.4. Data and descriptive narrative that delineates the specific factors that put the Target Population at risk of entering or re-entering the criminal or juvenile justice systems.**

Lurigio, et al (2004) identified five major factors contributing to the increased presence of persons with behavioral health needs in the criminal justice system as<sup>8</sup>: *Deinstitutionalization* was never properly implemented. Although the policy provided for appropriate outpatient treatment for a large percentage of persons with mental illness, it often failed to care adequately for those who had limited financial resources or social

<sup>8</sup> Lurigio et al. (2004) "The Effects of Serious Mental Illness on Offender Reentry". Federal Probation. Volume 68 Number 2.



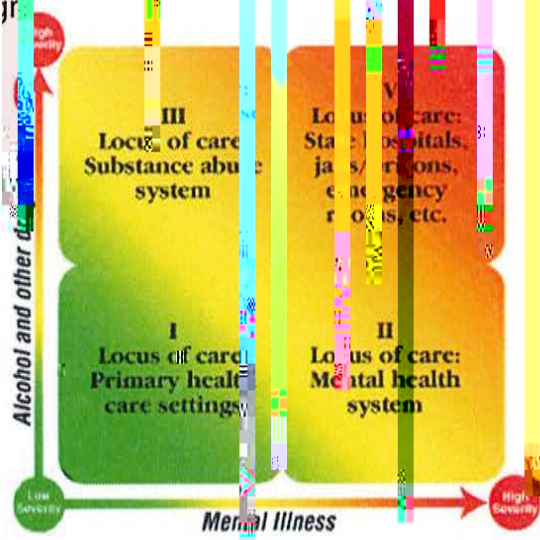
support, especially those with the most serious mental health needs. Restrictions on procedures and criteria for admission of persons with behavioral health needs to the criminal justice system. The nature of mental health treatment systems for persons with behavioral health needs. Narrowly defined treatment systems. The Department of Corrections has implemented the fastest growing subpopulation in the state. A large proportion of these individuals have co-occurring mental health issues. To emphasize the quality of life / public order / diversionary program for persons with behavioral health issues.

**8.4.1.2 Implementation and Expansion Applications**

**Target Population, including the projected number of individuals to be served.**

Defendants approved by the State Attorney, who meet the criteria for Pre-Trial Diversion (PTD) E.S. 48.18 and have a major mental health condition are eligible for MHPTI. MHPTI clients: who are categorized as Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35, Q36, Q37, Q38, Q39, Q40, Q41, Q42, Q43, Q44, Q45, Q46, Q47, Q48, Q49, Q50, Q51, Q52, Q53, Q54, Q55, Q56, Q57, Q58, Q59, Q60, Q61, Q62, Q63, Q64, Q65, Q66, Q67, Q68, Q69, Q70, Q71, Q72, Q73, Q74, Q75, Q76, Q77, Q78, Q79, Q80, Q81, Q82, Q83, Q84, Q85, Q86, Q87, Q88, Q89, Q90, Q91, Q92, Q93, Q94, Q95, Q96, Q97, Q98, Q99, Q100. Booking, Pre-Trial Diversion program due to:

1. Their inability to appreciate their need for care as demonstrated by a lack of willingness to participate without Court oversight.
2. Having felony charges pending and those legal qualifications for the existing programs or
3. Meeting the above criteria, but whose mental illness, co-occurring mental health and substance abuse disorders (Quicant and IV) exceed the capabilities of the less structured, non-court supervised case management diversion programming.



Howd... with... a point... these... V... the... na... triv... r... h... Co... po... po... gra... ser...

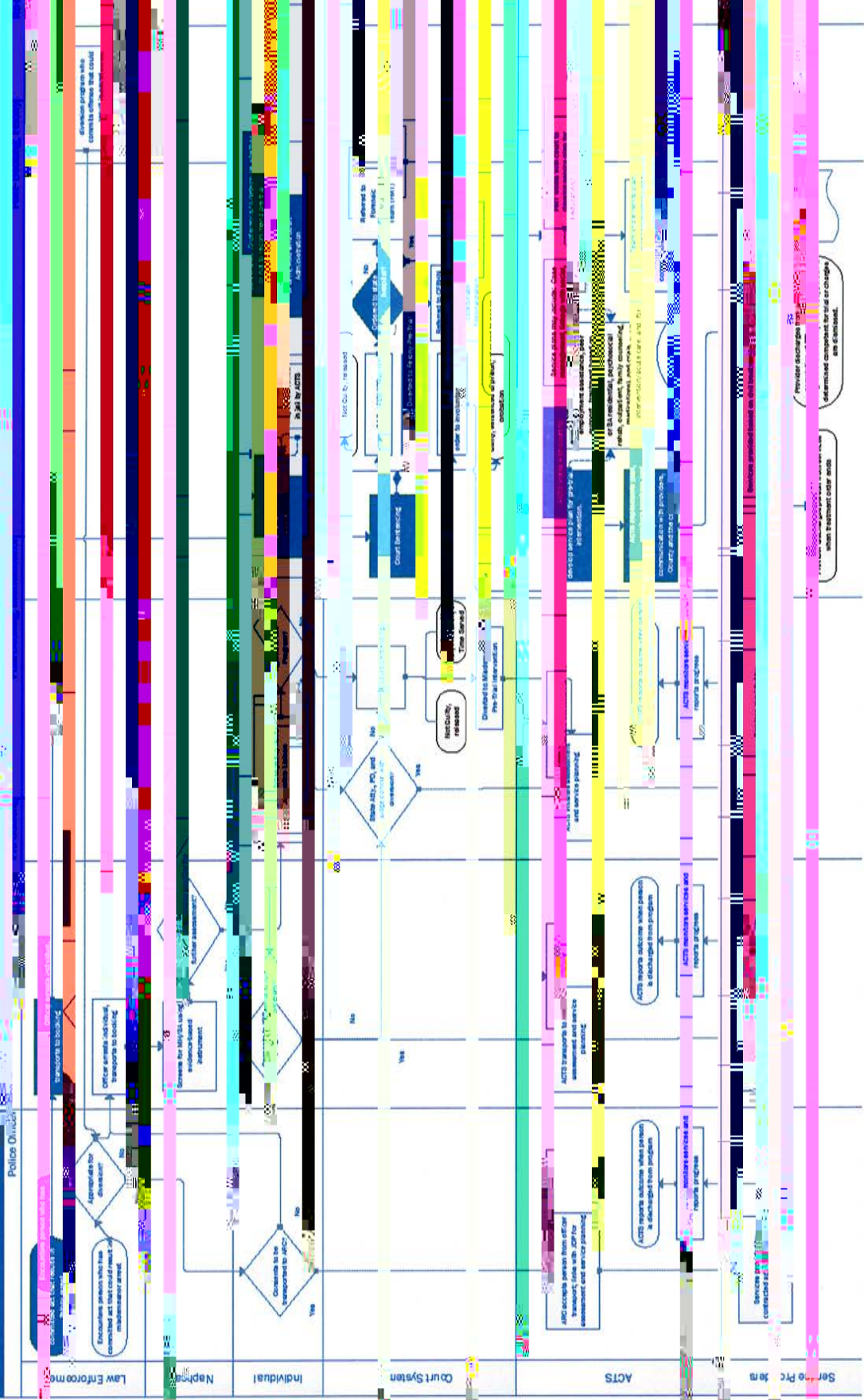
**De non... Strateg...**

Hillborough County... social... Judge...

- 1) Strengthen and support...
- 2) Directly... require...
- 3) Intensive... care...
- 4) County... flexible... provide...
- 5) Incorporation... Administration...
- 6) Address... recreation... needs...

# Attachment A

## System Flow Map Forensic Continuum - Intercept Points



## Attachment B

### Forensic Diversion Program

	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Law Enforcement		<p><b>Intercept Points: Initial Contact and Re-Offense.</b> Statutory language in F.S. 394 (Baker Act) and F.S. 397 (Marchman Act) requires that an individual who appears affected by mental or substance use issues, or to transport that individual to home, a shelter, acute care unit, hospital, or jail under protective custody. Relevant factors in officer discretion include the potential charge, available alternatives, the person's willingness to consent, and the officer's training and experience. <b>Officers who have the ability to make a more informed decision regarding the appropriateness to divert persons back to the case manager if the individual commits an offense while enrolled, when appropriate within public safety considerations.</b></p>				
Napchcare (Jail Medical Provider)		Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Individual		Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense

	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Jail, Court, Legal System Liaison						
	<p><b>Intercept Points: Post-Booking, Misdemeanor, Felony Courts</b>            diversion; conference with Public Defender, State Administration to accept diversion.</p>					
	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Court Disposition						
	<p><b>Intercept Point: Pre-Booking</b>            the person may be diverted to treatment via criminal court order as misdemeanor or felony probation/controlled release.</p>					
	Police Officer	Pre-Booking	Justice Liaison	ACTS provider	ACTS provider	ACTS provider
	<p><b>Intercept Point: Pre-Booking</b>            Admits persons brought in AARF, and screens for diversion program.</p> <p><b>Intercept Point: Pre-Booking</b>            Transports persons diversion to ARC program.</p> <p><b>Intercept Point: Pre-Booking</b>            Links with service providers.</p> <p><b>Intercept Point: Pre-Booking</b>            Justice Liaison works with other providers, links with service providers.</p> <p><b>Intercept Point: Pre-Booking</b>            ACTS provider.</p> <p><b>Intercept Point: Pre-Booking</b>            ACTS provider.</p>					
ACTS						
	Police Officer					
	<p><b>Intercept Points: Pre- and Post-Booking, Misdemeanor, Felony, Re-Offense</b>            and pre-treatment and support services.</p>					
Service Providers						