Best Practices Model for Intervention with the Mentally Ill in the Broward County Criminal Justice System

Quality of Life Grant 2007-2008

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Introduction

- Rising trend for mentally ill to be in and out of jails nationally
- 20% diagnosable mental illness with over 50% history
- Broward jail no exception with 18% of 5,500 in 2005
- Special mental health unit with full range of services
  - MH Unit 2001 – 194 p month to 2005 - 375 p month +104%
- Special units in men’s and women’s jails for domestic violence & substance abuse
- Design of a jail not supportive of mental health treatment
- Revolving door with mentally ill having high recidivism rate
- No continuity of care and treatment with community agencies
Overview of Project

- Grant was funded by the Broward Sheriff’s Office (BSO) and NSU
- NSU research group reviewed the literature and consulted national experts to determine the best practices in the identification and intervention with the mentally ill in the criminal justice system
- Researchers attempted to objectively examine the relevant issues and related controversies while conducting this study
Overview of Project (cont.)

- Conceptualized process a mentally ill person would go through once encountered by police officer
- Reviewed the literature on best practices of each step
- Interviewed consultants on best practices
- Presentation at APA in August 2007 for feedback
- Discussed available services at BSO
- Attended Judge Speiser’s Task Force meeting
- Telephone survey of community agencies
- Attended misdemeanor and felony mental health courts
- Hired lead interviewer, Julie Bruno, Psy.D. to assist with coordinating and interviewing selected community agency personnel
- Completed qualitative (interviews) and quantitative (surveys) data analysis
- Prepared report and submitted to BSO for feedback
Students & Residents Involved in Study

At all stages we worked together with graduate students at CPS and Post Doctoral Residents at CJI.

- Ryan Montes, M.A.
- Justin Rigsbee, Ph.D.
- Amy Angleman, M.S.
- Alison Nemes, Psy.D.
- Lauren Katchen, Psy.D.
- Maria Karilshadt, Ph.D.
- Kelley Gill, M.S.
- Gretchen Lamendola, M.S.
- Gillespie Stedding, M.S.
- Markesha Bennett, M.S.
- Eduardo Vargas, M.S.
- Crystal Carrio, M.S.
WHAT IS THE BEST PRACTICE MODEL?

KEEP MENTALLY ILL PEOPLE OUT OF JAIL WHERE EVER POSSIBLE
BALANCE PUBLIC SAFETY
If need treatment, follow BPM
Best Practice Model

1. Pre-arrest diversion by law enforcement into community treatment facilities
2. Diversion out of the criminal justice system after arrest into treatment or problem-solving courts
3. Problem-solving court diversion with monitoring in the community
4. Mental health treatment while in jail
5. Competency restoration simultaneous with treatment programs in hospitals and in the community
6. Mental health probation if on community release
7. Long-term mental health treatment in the community
   - Seamless continuity with treatment in jail
BPM for Treatment

- Good Case Management
  - Housing Needs
  - Job Training
  - Crisis Services
  - Coordinate with jail & probation
- Competent Medical Care
- Appropriate Medication Available
- Psychological & Neuropsychological Evals
- Psychotherapy
- Trauma Therapy
- Cognitive Rehabilitation
- Substance Abuse Treatment
- Competency Restoration Intervention
- Integration with families
- Continuity of Care & Integration with other community agencies and services
Crisis Intervention Team (CIT)

• Mission:

  “CIT is a community partnership working with mental health consumers and professionals, and family members. The goal is to set a standard of excellence for officers with respect to the treatment of individuals with mental illness. This is accomplished by establishing individual responsibility for each event and overall accountability for the results. Officers will be provided with the best quality training available, they will be part of a specialized team which can respond to a crisis at any time, and they will work with the community to resolve each situation in a manner that shows concern for the citizen’s well being.”

Major Sam Cochran

Memphis Police Department
Historical Overview

- Initiated in 1988 by Memphis P.D. in partnership with NAMI, mental health providers, and two Universities (Memphis and Tennessee)

- Developed to provide a more intelligent and safe approach to crisis events

- Composed of volunteer officers

- Training by mental health providers, family advocates, and mental health consumer groups
CIT Training Topics

- Suicide Awareness and Intervention
- Alcohol and Drug Assessment
- Co-Occurring Disorders
- Homeless Mentally Ill
- Psychotropic Medications & Side Effects
- Personality Disorders
- Developmental Disorders
- Posttraumatic Stress Disorder
- Crisis Intervention
CIT Training Topics (cont.)

- Clinical Issues - Children’s Mental Health
- Baker Act/Marchman Act
- Special Needs of Older Adults
- Family & Consumer Perspective
- Role Plays
- Legal Aspects
- Community Resources
- CIT Policy & Philosophy
- Mental Illness from the Inside
CIT Program Benefits

- Immediate Crisis Response
- Decrease in Arrests and Use of Force
- Decrease in Patient Violence and Use of Restraints
- Decline in Officer and Consumer Injuries
- Consumers are Identified by Officers and Provided with Care
CIT in Broward County

• Initiated in 2002, with Fort Lauderdale Police Department as First Participating Agency

• CIT Coordinated and Facilitated by Norma Wagner of the Broward Regional Health Planning Council

• Program Has Expanded to Six Additional Law Enforcement Agencies

• From 2002-2008, 12 CIT Training Events With 286 Participating Officers
Participating Agencies

- National Alliance on Mental Illness (NAMI) of Broward
- Henderson Mental Health Center
- Broward Regional Health Planning Council
- North Broward Hospital District
- Department of Children and Families
- Broward Coalition for the Homeless
- Nova Southeastern University
Future Plans

- Encourage a Greater Number of Police Agencies to Participate

- Implement a Research Program to Determine the Impact of CIT in Broward County
Problem Solving Courts

- Deferral at earliest point in system
- Voluntary consent
- Cooperation between prosecution and defense
- Community agency collaboration and funding
- Adequate Programs
  - Out Patient
  - Residential
- Adequate Space
- Adequate case management
- Frequent status conferences
- Adequate housing
Misdemeanor Mental Health

- Broward is the model and leader in US
- Early identification
- Non-punitive
- Voluntary
- Mental health staff in courtroom
- Frequent status conferences (monthly)
- Strong case management
- Peer support group
  - Collaboration with NAMI
  - Will be staffing Freedom House
- Need more community agencies and services
- Goal is to take responsibility for maintaining own mental health
Felony Mental Health

- Person may be deferred into felony MHC if history of or current serious mental illness and arrested for non-violent felony
- Referral after arrest or while in jail by attorney, judge or jail staff
- Not voluntary
- Mental health staff in courtroom
- Court Projects refers for competency or psychological evaluation
- Referrals to MH agencies after reports to judge
- Case management and special probation
  - Follow up with VOPs to avoid revocation & jail
- Psychological evaluation is done prior to being deferred into MHC by court-appointed psychologist
- MHC judge keeps case and continues to follow up legally
- Some go to MH probation and community treatment program
- Judge holds monthly meeting for all stakeholders
- Over 1400 cases in first three years
Drug Court

- Early identification of addiction
- Immediate deferral upon arrest
- Voluntary and must meet state criteria
  - Users not drug pushers or sellers
  - 12 to 18 months treatment for addiction
- Residential or out-patient treatment
  - Develop substance abuse therapeutic community
- BPM includes SA +2 co-occurring disorders – M.I. & Trauma
  - Need psychotherapy, DV & trauma tx with S.A. treatment as part of probation
- Treatment may be in jail or in community settings, or in other locked residential facility
- Treatment for abuse issues is also major importance.
- Frequent follow-up by court
- Need more mental health and trauma treatment
- Need more programs for ‘co-occurring’ disorders or ‘dual diagnosis’
Domestic Violence Court

- Early identification
  - Well trained BSO DV Officers
- Not voluntary
- Misdemeanor and felony criminal
- Restraining orders for protection of victims
- Need better understanding of protective mothers re: child access
- More coordination with family court re: protect children
- More coordination with DCF & dependency court re: children
- Referral to approved treatment providers
  - Offender Specific Treatment + MH therapy is BPM
  - BPM for Treatment includes MHP contact with victims & DV probation
  - Need special treatment for women DV perpetrators
- Need better follow up and timely contempt hearings
- Need better collaboration with BSO DV officers and units
Mental Health Programs in Jails

- Jail vs. Prison
- Short-term
- Focused on acclimating to jail
- Psychiatric unit
  - Individual therapy
  - Psychotropic medication
- Domestic violence units
  - Women
  - Men
- Substance abuse units
  - AA, NA, ALANON groups
- Educational programs
Important Issues for Treatment in Jail

- Groups in jails different from prisons or other agencies
- Open groups rather than closed groups
  - Best if on special contained unit
  - Can not control numbers attending so need more therapists
  - Less like therapy if new members in & out but still therapeutic
- Time commitment is great for outside therapists
  - Helpful to have manualized treatment but may not cover same issues in one session in jail as in community due to factors beyond control
- Each session must stand on its own as cannot count on women returning to group next week. Each unit requires own materials & evaluation measures.
  - Expect group members to be on different levels
- Staff follow-up if emotional issues occur & coordinate MH team
- Continuation in community when discharged
STEP in Detention Center Setting
Combined BAI Means for Sessions 1-10

DV + SU Units

Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7 Session 8 Session 9

DV + SU Units
Literature Review on Tx in Jails

- Need to train correctional officers in M.I.
- Need trained MH caseworkers as part of staff
- Need to do Admission Screening
  - Mental illness
  - Suicide risk
- Need special mental health housing
- Types of tx available
  - CBT, DBT, therapeutic communities, behavioral techniques (token economies, skills training), medication, groups
- Not useful
  - Regressive interventions, interpersonal trust, development of insight
Competency Restoration

- Problem area
- What constitutes competency? What does it mean to be restored?
- Adjudicated ITP
  - the person must be mentally ill
  - unable to understand the charges or court proceedings or assist counsel in his or her own defense
- Treatment of mental illness should occur simultaneously in BPM
- When should competency restoration begin?
  - Cannot force medication in jail unless dangerous
  - Need more collaboration with defense attorneys
  - Frequent movement in and out for hearings
- Where should treatment occur?
  - Out-patient
  - In-patient
- How long should it last?
- What to do about those deemed non-restorable?
  - Up to 3 years misdemeanor & 5 years felony and then discharged or civilly committed
- Need more community based services integrated with BMP
- Address psychological issues and not only competency in competency restoration programs
Community-Based Programs

- Forensic clients be seamlessly integrated into community programs
- Similar treatment programs in the community as when they leave a facility, ensuring continuity of care
- It is the availability of intervention programs with intensive case management, access to psychotropic medication when needed, psychotherapy, competency restoration, drug treatment, domestic violence trauma therapy, and residential services for short periods (or longer periods for severely and persistently mentally ill) that is needed in the community
- Appropriate housing including Assisted Living Facilities (ALF) with transportation to treatment facilities are needed
- Family members need support services to assist them in their care of the mentally ill.
Needs Assessment in Community

- Needs of mentally ill
- Needs of community agencies
- Program practices
  - Community service listing
  - Staff challenges
- Pre-arrest diversion
- Competency restoration
- Special mental health jail
Stakeholder Interviews

- The research group conducted semi-structured interviews with 24 key community stakeholders representing the criminal justice and mental health systems in Broward County:
  - Department of Children & Families (DCF)
  - Nova Southeastern University
  - Broward Sheriff's Office (BSO)
  - Judges and public defenders office
  - DCF have privatized some of its services in Broward County, so agencies within the community that have been awarded such contracts are also included.
  - Independent mental health agencies and independent mental health providers who also are available to deliver services to the mentally ill
Data Analysis

- Notes from the interviews were compiled and analyzed by the research team
- Conventional content analytic approach was utilized
- Two members from the research team independently read and attempted to obtain an understanding of the interview notes
- The researchers coded the notes and identified response patterns
- Codes were sorted into categories and then themes were identified
Data Analysis (cont.)

- Patterns were identified as relevant themes if they occurred with sufficient frequency.
- Research group members conducted a review of the themes with the interviewers in order to ensure the reliability and validity of the findings.
- Descriptions for each theme were developed and the themes were organized based on respondent type (e.g., community provider, court, etc.) to facilitate the reporting of the results.
- For example:
  - For pre-arrest diversion most respondents indicated that it was effective but that it should be more widely used.
  - Need more incentives/encouragement for officers to participate.
  - Need more efficient system for Baker acting indiv.; Freedom house.
Survey

- Developed instrument to administer along with interviews
- Assessed 14 priority areas
  - Specialized treatment
    - Dual diagnosis
    - Women- trauma and DV
- Structured approach to complement interviews
- Descriptive analysis by item
- Findings were consistent with the interviews
Findings

• Increase available services
  • Case management
  • Co-occurring disorders
  • Residential treatment facilities
• Better integration between mental health programs in jail and in community
  • Medication issue
  • Treatment planning
• Dynamic referral system using current IT
• Training for staff
  • Need better forensic related training for social service staff
  • Partner with NSU for training future staff needs
  • CE & certificate programs for current staff needs
• Mental health probation officer program
• Special needs jail
  • Therapeutic design
  • Not to become a “dumping ground”
NSU Recommendations

- Community Agencies & BSO adopt BPM
- BSO continue training in CIT model
- Increase residential beds in community for M.I.
- Develop coordination for forensic & non-forensic
- Community learn about jail treatment & BSO learn about community treatment
- Integrate continuity of care whether in jail or community
- All attend monthly MHTF meetings coordinated by Judge Speiser
- Increase budget and MH staff for problem solving courts & integrate with community & jail
- Special programs for women in community including trauma treatment
- Develop problem solving courts for mentally ill, domestic violence, and substance abusing juveniles and integrate especially for those who are about to “age-out” of the DCF system