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ENDING THE REVOLVING DOOR OF JUSTICE: HOW TECHNOLOGY HELPED ONE JUDGE REENGINEER HIS COURT SYSTEM

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

JUDGE STEVEN LEIFMAN

Chair, Task Force on Substance Abuse and Mental Health Issues in the Court
Supreme Court of Florida

I GOOD MORNING

Thank you very much for the opportunity to speak with you this morning about the critically important issue of mental illness and the criminal justice system.

When I became a judge, I had no idea I was becoming the gate-keeper to the largest psychiatric facility in the State of Florida: the Miami Dade County Jail. Everyday our courts, jails, and law enforcement agencies are witness to a parade of misery brought on by untreated mental illnesses. Because of a lack of access to appropriate community-based care, our police, correctional officers, and courts have increasingly become the lone responders to people in crisis due to mental illnesses.

In fact, jails and prisons in the United States now function as the largest psychiatric hospitals/warehouses in the country. Just two months ago a report was released by the National Sheriff's Association and the Treatment Advocacy Center, which found that people with serious mental illnesses in the United States are 3 times more likely to be incarcerated than to be hospitalized.

A recent series by CBS4 in Miami did an excellent job capturing this situation. I'd like to show you one segment of the series.

II DVD – The Forgotten Floor - Sobering - My Journey began … Story about Psychiatrist - Onwu v. State, 692 So.2d 881 (Fla.1997) - No judicial education - Didn't become a judge to be part of the problem – Three Lessons:

III LESSONS:

Lesson 1) Miami-Dade County had a mental health crisis

- Largest % of people w/ MI of any urban area in U.S.
- 9.1% = 220,000 (175K adults and 52k children) - 3 X natl Avg. YET ONLY 1% of the population receives treatment.
- Of the 114,000 Bookings at DCJ 20,000 required intensive treatment.
- Approx 1200 people in the MD Jail on Psyco-tropic meds (20%).
- MD Jail - Largest Mntl Hlth Warehouse in FL.
- $160K per day to manage MH population ($60 Million annually).
- 3/9 floors now house people with mental illnesses.

- Since conditions NOT conducive to treatment -Stay in jail 8 x longer than no illness and Cost 7 x higher than no illness.
- Since 1999 - 20 people w/ mental illness killed during police encounter in Miami-Dade County.

Lesson 2) **This was not a local problem – but a national one. Same problem going on in every courthouse in America.** Surgeon General David Satcher called Mental Illness – the "silent Epidemic of our times." One that is having a profound impact on the court system and the criminal justice system - and one in which we are ill prepared to handle.

Lesson 3) **Florida's Community Mental Health System and Crisis Care System (like most states) were developed 40 years ago when most people with serious mental illnesses were in still St. Psychiatric Hospitals. Like most MH Systems - It is an antiquated, fragmented system in great need of reforming.**

IV HISTORY – Before we can fix the problem, we need to understand how we got here, how to collect and use data and how technology can be part of the solution.

From the time our country was founded until the early 1800's we incarcerated people with mental illnesses – because we didn't know better. In the early 1800's a nun (Dorthia Dix) visiting a MA jail came across men freezing to death in a local jail – their crime – mental illness. She was so horrified by what she saw, she began a national movement - (known as Moral Treatment) to hospitalize people with mental illnesses rather than to incarcerate them.

By 1900, every state had a psychiatric hospital. However, there was no real treatment, no medication and really no psychiatry. These "hospitals grew rapidly – ignoring the idea of keeping them small – often housing thousands of individuals. They became houses of horror with human experimentation – insulin, electroshock therapy and even lobotomies become the norm.

In Florida, in the early 1800's we dealt with this problem by shipping people with SMI to GA and SC – where Florida paid these states $250 per person per year to care for this individuals. Florida finally opened its first psychiatric state hospital in 1876 in Chattahoochee – a former Civil War Arsenal.

Early 1950 the 1st Psycho-tropic medication was developed – Thorizine.

In his last public bill signing, in 1963 President Kennedy signed a $3 billion dollar authorization to create a national network of community mental health facilities *(Community Mental Health Centers Act)*. The idea was to take people out of these horrible hospitals and return them to their communities and provide them with the newly created medications. Tragically, with the assassination of President Kennedy and the escalation of the Vietnam War not one penny of the 3 billion dollars was ever appropriated.

However, a whole slew of federal lawsuits was filed in the late 1960's against the states for operating theses houses of horror – and in 1971 the 1st major case was decided in federal court – Wyatt v Stickney which ultimately led to the "deinstitutionalization" of our state hospitals.

Ironically, this case initially had little to do with the conditions and treatment of the patients – it was about a tax cut and saving jobs!

Unfortunately, there was no national network of community mental health facilities to absorb these new patients.

And make matters worse, the closings continue today at an accelerated rate. In fact, since 1990 - twice as many state hospitals have closed than in the previous 20 years. And as predicted in 1972 by one of the leading experts on this issue – Abramson – we began the criminalization of mental illness.

V THE IMPACT IS STAGGERING

- 1955 - 560,000 in State Psyc. Hospitals around U.S./5,000 in custody.
- Today, approximately 40,000 in State Hospitals.
- However, last year 1.5million people with mental illnesses were arrested.

- Approximately 550,000 people w/ Mental Illnesses in Jail/prisons.
- Another 900,000 people w/MI on Probation/Community Control.
- 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.
- In Fl, 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.
- Jails are FL's largest Psyc Facilities (Warehouse).
- 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.

TWO SAD AND HORRIBLE IRONIES:

1st - WE DID NOT DE-INSTITUTIONALIZE – WE ALLOWED FOR THE TRANSFER OF RESPONSIBILITY for people with mental illnesses from state psychiatric institutions to correctional institutions and in many cases put them in far worse conditions than the state hospitals they left. We also made it more difficult for recovery because a criminal record often leads to housing and employment restrictions.

2nd - The sadder and more cruel irony is that WE HAVE COME FULL CIRCLE - 200 years have passed and jails are once again the primary warehouses for people with mental illnesses. It is the one area in civil rights in this country we have gone backwards. With all of the advances our society has made during the past 200 years, we have failed those with mental illnesses, miserably.

ALSO, Represents a huge cost shift from the state to the county

VI CONSEQUENCES

- Homelessness increased
- Police Injuries increased
- Police Shootings of people w/ mental illness increased
- Waste Critical Tax Dollars
- Mental Illness = Crime

In Florida the police actually initiate more Involuntary Examinations under our Baker Act Law than the total # of arrests for Robbery, Burglary and Grant Theft Auto – combined.

VII FISCAL IMPACT: If this wasn't disturbing enough - Just consider the fiscal impact our existing system is having on my local government and on our state budget – critical data necessary to reform the system.

A. LOCAL (Miami-Dade) We recently looked at the "heavy users" of acute services with mental illness in our misdemeanor diversion program over a 5 year period. The results were breathtaking. **(Power Point Slides)**

A subset of 97 participants (5 percent of all individuals), identified as "heavy users" and defined as people who have been referred to the CMHP for diversion on four or more occasions as the result of four or more separate arrests, have accounted for nearly 700 program referrals (22 percent of all referrals).

Individuals in the heavy users group have been referred for diversion services an average of 7.1 times each. By contrast, the remaining 1,711 individuals served by the CMHP have been referred for diversion an average of 1.9 times each. 85 individuals in the heavy users group have been diagnosed with a SMI, 75 of who were diagnosed with a schizophrenia spectrum disorder.

Event type	Total events	Average per individual over 5 years	Average per individual, per year	Estimated per diem cost	Estimated total cost
Arrests	2,172	22	4.4	-	-
Jail days	26,640	275	55	$134	$3.6 million
Baker Act initiations	710	8.6	-	-	-
Inpatient psychiatric days	7,000	72	-	$291	$2 million
State hospital days	3,200	33	-	$331	$1 million
Emergency room days	2,600	27	-	$2,338	$6 million
Total jail/inpt/hosp/ER days	**39,440**	**407**	**81**	**-**	**$12.6 million**

Note: Number of events reported is based on information available in state and county archival databases. Due to incomplete reporting, actual utilization rates and costs are likely higher.

B. STATE FORENSIC - Individuals in Florida 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. **(Power Point Slides)**

If policies and laws not changed - the number of forensic commitments was projected to increase by roughly 1,400 admissions in the next 8 years, with total admissions by 2015 exceeding 2,800 per year.

To put that in perspective: The State of Florida currently spends roughly a quarter of a billion dollars annually to treat roughly 3500 individuals in 1700 beds under forensic commitment; most of whom are receiving services to restore competency so that they can stand trial on criminal charges and, in most cases, be returned to court to be sentenced to time served or probation than released back to the community without any referral or access to appropriate mental health treatment.

Based on recent trends, if the existing system had not changed, the state faced potential forensic expenditures of a half billion dollars annually over the next 8 years.

The current forensic system in Florida meets the definition of INSANITY – Doing the same thing over and over again and expecting a different outcome!

C. STATE PRISON - The fastest growing subpopulation in Florida's Prisons are people with serious mental illnesses – It has grown by over 165% over the past decade, from roughly 8,000 to nearly 18,000 individuals. This represents an annual increase of nearly 8 percent or 900 individuals per year. **(Power Point Slides)**

Based on recent trends, if the system does not change Florida can expect the number of prison inmates with mental illnesses to more than double in the next 9 years to over 35,000 individuals, with an average annual increase of roughly 1,700 individuals per year.

To meet this demand the State of Florida will need to build 10 new prisons over the next five or six years – at a construction cost of $81,000 per bed at an operating cost of $23,000 per bed.

That means over the next 5-10 years the State of Florida will need to appropriate $1.5 billion dollars to build an additional 18,000 prison beds with an operating cost of $2.1 billion dollars for a total of $4.0 billion dollars just for new prison inmates with mental illnesses – who by the way most (approx 90%) are eventually released back into the community within 5 years with access to little if any mental health treatment.

There is something terribly wrong with a society that is willing to spend more on imprisoning people with mental illnesses than to treat them.

If we do nothing to change or re-design our mental health system – the State of Florida will be looking at spending at least a billion additional dollars every year for the next ten years to deal with the increases in the forensic system, prison and the juvenile system.

D. IMPACT ON HOSPITALS Nearly 12 million visits made to U.S. hospital emergency departments in 2007 involved people with a mental disorder, substance abuse problem, or both, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ). This accounts for one in eight of the 95 million visits to emergency departments by adults that year.

Of these visits, about two-thirds involved patients with a mental disorder, one quarter was for patients with a substance abuse problem, and the rest involved patients dealing with both a mental disorder and substance abuse.

Mental health and/or substance abuse-related visits were 2½ times more likely to result in hospital admission than visits not involving mental disorders and/or substance abuse. Nearly 41 percent of mental disorder and/or substance abuse-related visits resulted in hospitalization.

The aggregate cost of hospitalizations for schizophrenia was approximately $2.7 billion dollars, depression and bi-polar disorders was $2.1 billion dollars, alcohol $1.3 billion dollars and drug related disorders $1.1 billion dollars for a total cost of $7.1 billion dollars.

I suppose this would be acceptable if people with MHSA were leaving hospitals well and recovered and returning to an adequate and properly resourced community mental health system. The acute cost centers; hospitals, jails, Psyc hospital are all very similar in that they continue to watch these individuals recycle through their institutions at huge financial and human costs - which will only get worse until we all come together to fix this crisis.

VIII SO HOW DO WE FIX IT: The local solution (The Miami-Dade Response) Using Data and Technology

While more and more judges are becoming involved in this issue, the reality is that none of us can fix this problem alone. It is going to take a collaborative effort between the judiciary and all the non-traditional stakeholders - such as law enforcement, St. Atty., Public Defender, Corrections, DCF, local AND county government, mental health providers, primary health providers, hospitals administrators, family members and consumers.

For many years there was recognition that our forensic mental health system was a disaster – in need of a total overhaul. We began this reform in June of 2000 by holding a 2 day Summit with the assistance of the GAINS Center – who provided us with three nationally recognized experts to help us analyze and reform our system. I personally invited all of the traditional and non-

traditional stakeholders to this 2 day meeting – where no one was allowed to leave until we had some solutions. Everyone invited, attended.

I tried this 10 years earlier as an Assistant Public Defender – NO ONE CAME.

What was most impressive about the summit was that everyone in attendance agreed we had an enormous problem and the realization that the problem was not being addressed because we were all so busy doing our jobs – no one was looking at the system as a whole.

Judges-Judging, Police Policing, Prosecutor-Prosecuting, PD-Defending. No one was looking at the entire system when in fact this population was utilizing the resources of everyone in that room and then some. There is No other population of individuals who utilize so many different expensive resources.

As the story of the Psychiatrist illustrated, we also realized that our system was **Embarrassingly Dysfunctional!**

Example – Jail Division

Arrest Possn of a dairy Cart
3 evals @ $150 each
2-3 weeks in jail
St. v Onwu (692 So.2nd 881 Fla.1997) Now codified into law

An analysis of our mental health jail population showed us that 10% of the defendants with mental illnesses were making up 70% of the misdemeanor jail beds.

As a result of Summit:

1) Analyzed System **(MAPPING)**

2) Produced Goals (w/Seattle Experience in mind) Must develop a system that works for people w/ MI – not a 9-5 M-F Disease

3) Produced Cooperative Agreement - Signing ceremony

4) Created 11th Judicial Circuit Criminal Mental Health Project

5) Gave tours of our jail mental health floors to all of our county commissioners, mayor and local state legislators.

6) Began to collect as much data as possible.

7) Looked at ways technology could be used to help identify inmates with mental illnesses and link treatment and services with existing providers.

After many task forces, including a Judicial Committee, Three Grand Jury Reports, and A Mayors task Force we have developed program – with a simple goal that reads: ***Diversion and Linkages to Comprehensive Care Makes Jail the Last Resort***

- Pre - Arrest Diversion/CIT – over 3300 Officers Trained 36/36 Agencies
- All 911 Call Takers Trained/Executive Training Program
- Post - Arrest Diversion Misdemeanor/Felony
- ALF - Quality of Care Program
- Developed Staff – Project Coordinator, Court Case Mngt. Specialist, Peer Specialist
- Intensive Case Management/FACT Team
- Immigration Program - 7 Categories of Benefits/St. $
- Computer Linkages- HMIS System
- Research - FIU/Health Foundation & DCF
- Transition & Housing Program/Homeless Trust – Receive approx 2 million developed low demand model w/ wrap around services – VERY SUCCESSFUL
- Voluntary ID Card System
- Quarterly Newsletter
- Partnerships/Soc. Security, Homeless Trust, FL PIC

- Regular Meetings
- GAP Funding
- SOAR – Federal Expedited Benefits Program (SSI/SSDI Outreach Access and Recovery) (91% eligible 1st applic. – 51 days approval)
- New Jail Screening Tool
- $1 Million SAMSHA Grant – Now funded by county
- Acquired new diversion forensic facility ($22 million Bond Issue) Operational - Dec. 2012
- 2 - $1 Million Dollar Florida Criminal Justice Mental Health Substance Abuse Reinvestment Grants to Expand to Felony Cases and for re-entry
- $1 Million Pilot Forensic Diversion Program
- $1.2 Million Grant from Bristol-Myers Squibb Foundation to test and evaluate the essential elements of a coordinated system of care for individuals with serious mental illnesses involved in the criminal justice system

IX OUTCOMES (Critical to collect data for future funding opportunities)

- Reduced misdemeanor recidivism 70% to 22%

Since 2008, approximately 350 individuals have received services through the Felony Jail Diversion Program (FJDP) - Outcomes to date demonstrate:

- 75% reduction in number of bookings and days spent in the county jail, resulting in approximately 350 fewer jail bookings and 8,300 fewer days in jail **(nearly 23 years).**
- $1.1 million in cost-avoidance to the county jail alone from reductions in arrest and incarceration.
- 70% of participants successfully complete all program requirements.
- 6% recidivism rate among individuals who successfully complete the program.
- 14 % rate of arrest for new offenses following program enrollment across all participants.
- 91% approval rate for federal entitlement benefits in less than 60 days - compared to approval rates of less than 40% in 6 to 9 months prior to program implementation.

- Improved Public Safety
- Reduced Police Injuries
- Faster return to patrol
- Saved Critical Tax Dollars
- Saved Lives
- De-criminalized Mental Illness

And as good and successful this has been – limited – because our states mental health system is too fragmented and antiquated to provide adequate treatment and services for our most acute population. Diversion is great – but if the services are inadequate – it will fail. As a state, we are working to pass comprehensive legislation that once and for all will address the underlying problem of a poorly funded and inadequate community system for those with the most acute mental illnesses.

X THE CURRENT FLORIDA CRISIS (Not Recommended)

The Florida Supreme Court became involved in this issue after a judge in West Florida found the former Sec'y. of the Florida Department of Children and Families in criminal contempt of court for failing to take custody of an individual needing competency restoration within 15 days of the courts finding. After much legal wrangling, the legislature was forced to allocate $48 million to alleviate the 300 bed back-log in the forensic hospital system. Our former DCF Secretary called this the worst money he ever asked for because it did absolutely nothing to fix the problem. It put on a very expensive band aid without addressing the underlying problem. Understand that 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.

As a result of the crisis, former Chief Justice Fred Lewis established the Florida Supreme Court's Mental Health Subcommittee, which was 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 consisted of representatives from all three branches of government as well as top experts from the criminal justice, juvenile justice, and mental health communities, have 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.

Together, we studied this problem, analyzed data, looked at mental health systems from around the world and around the United States – and believe we have developed a re-designed mental health system for Florida and other states that will improve public safety, spend taxpayer dollars more efficiently and appropriately, save general revenue dollars and give countless #'s of people with mental illnesses the opportunity to live a life of recovery and hope.

The Goal of the Supreme Court Task Force was to look at the whole system to see if there was a better way to deal with this issue.

We started out by looking at as much research and data we could find.

XI FINDINGS

One of the biggest surprises we found in our research – which frankly surprised us – was the fact that most people with mental illnesses never come into contact with the criminal justice system. When you drill down, what you find is that most states developed their community mental health systems when most people with the most severe and acute mental illnesses where still in state hospitals. There was absolutely no research or data available on what type of system was required for this particular population. So we designed systems where one shoe fit all. And it failed miserably. The reality is that most people in jail or prison today with severe mental illness would have been in a state hospital 40 years ago. This is an issue of acuity.

It helps to think about this as a medical issue rather than as criminal justice issue. Look at people with cancer, most with early treatment – recover and live a quality life with regular check-ups and monitoring. Similarly, most people with mental illnesses live in recovery with regular check-ups and monitoring. However, the similarity ends here. While most people with more severe forms of cancer go to hospitals for more acute treatment – people with more severe and acute mental illness have no similar competent system of care to turn to – so they end up in the only institutions that can't refuse them – juvenile delinquent system, jail and/or prison and emergency rooms.

We also found that there was a huge gap between the science and medicine of mental illness and what is actually delivered in our local communities.

FOR EXAMPLE –

- Approximately 100% of women in jail/prison w/MI have very serious trauma related issues - many sexually assualted as children and suffer from PTSD – few, if any trauma services available
- 75% of men also suffer from serious trauma
- Diagnosis and medication problems (Emory Study) 50% of those with bi-polar disorder are misdiagnosed and on the wrong medication which often exacerbates their mental illness
- Snitch and Stitch Disorder
- Inadequate Case Management Services
- Inadequate Day Activities
- Lack of Affordable Housing
- Lack of Employment Opportunities
- Criminal Justice Risk Factors
- We also found very little coordination between the criminal and juvenile justice systems and their local mental health systems.

XII THE STATE SOLUTION - Nine Essential Elements

1. Proper Diagnosis and Treatment – including SMI and COD
2. Intensive Case Mngt. Services
3. Trauma Related Services
4. Meaningful Day Activities
5. Snitch & Stitch Disorder - No such thing as a treatment resistant person, only treatment resistant programs (SPECTRUM)
6. Supportive Housing
7. Supportive Employment
8. Address clinical and criminogenic factors with cognitive behavioral programs
9. Coordinated Criminal Justice Response – Diversion/Mental Health Courts & CIT

We believe we have figured out a way to develop this level of services and even a way to pay for much of these services by using Medicaid program dollars. The Supreme Courts recommendations have been turned into a legislative bill entitled – Community Mental Health and Substance Abuse Treatment and Crime Reduction Act. A recently released interim report by the Florida Senate Committee on Children, Familes and Elders endorsed this concept.

We believe this legislation will begin the process of reforming our mental health system – so jails and prison become the last resort for people with mental illnesses and substance abuse not the first.

XIII OUTSTANDING CHALLENGES

The current short-comings of the community mental health, criminal justice, and juvenile 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. We all must be a part of the solution.

However, if we do nothing it is clear that our states will be forced to spend $$ billions of dollars on a system that was not designed to help this population and will only perpetuate the recycling of individuals through our juvenile, criminal and corrections systems.

We believe that if we are able to implement these recommendations – we will finally accomplish what the US Supreme Court set out to do 40 years ago when they ordered the de-institutionalization of our state psychiatric hospitals.

Thank you.

SUPREME COURT RECOMMENDATIONS

1) 1st Recommendation was the development of a competent/appropriate community mental health system that was capable of caring for this acute population – which most existing community mental health systems can not do.

Under this new proposed system – providers would have to demonstrate the ability to deliver effective, high quality services incorporating best practices and communities would have to demonstrate ongoing, collaborative relationships with state and local criminal/juvenile justice and community stakeholders and also incorporate best practices, including CIT/Judicial Diversion Programs.

To ensure real system change or transformation in each community we suggest that the state require that all local providers and communities be certified before they can participate in new funding.

For instance, this new system of care would have to include Trauma Services, Case Management services, Day Activities, Diagnosis and Medication Management, Housing, Employment.

This would allow the state to develop a competent community mental health system that was capable of caring for the most severe adults and children who are at the greatest risk of criminal justice or mental health institutional involvement.

The last thing we wanted to do was spend more money on an existing system that doesn't work. Under this scenario, we believe we can assure a new level and more effective system of care.

Fortunately, because this is a relatively small percentage of the mental health population – you can target services for this very well defined group of individuals who because of the severity of their illness are accessing the most expensive and ironically least effective services the state has to offer – making it difficult if not impossible to appropriately fund the rest of our mental health system.

So how do you pay for these enhanced services and sustain them once created.

Though some front end dollars will be needed for start up cost, the implementation of these proposals will save a great deal of general revenue funds. Just spending more money in the existing system of care will not fix this problem. We need to establish a new level of care for the most acute population that is currently utilizing our most expensive and least effective systems. To accomplish our goals we recommend phasing in our program over a six year period.

2) 2nd recommendation – target the two or three counties that are over utilizing the state forensic system. As stated earlier, the legislature appropriated $48 million dollars to lease 300 forensic beds to eliminate the backlog of people awaiting forensic hospitalization. The Report recommended ways to reduce the forensic system by 300 beds – allowing DCF to free up 48 million dollars to be re-invested in the front end of the mental health system. (This should be coordinated with the Criminal Justice/Mental Health Substance Abuse Reinvestment Grant Program which is helping communities develop the necessary infrastructure to keep people with mental illnesses out of the criminal justice system.)

3) 3rd recommendation - establish a multi-tiered level of care classification system that targets individuals with the 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.

4) 4th recommendation - create of a statewide limited enrollment Integrated Specialty Care Network under a newly authorized Medicaid State plan option – 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. Thereby, leveraging federal monies and greatly reducing state general revenues to these expensive – ineffective systems. Instead of spending 100% GR at DJJ, DCF and DOC only 40% in many cases would be needed to provide better and more effective treatment for the same population that is accessing the expensive and deep end programs.

5) 5th Recommendation - target both those at risk of criminal justice/juvenile justice and those already in those systems because we don't want to set up an incentive for people to get arrested to get this higher level of care.

6) 6th Recommendation - maximize funding streams with Medicaid dollars by creating a partnership between these DCF and AHCA to better serve both individuals who are and are not covered by public benefits. The Report found that Medicaid was spent one way on individuals with mental illnesses – while DCF may spend mental health $ entirely differently – resulting in the inefficient spending of these limited resources.

7) 7th Recommendation - recommend that all providers under this new Integrated Specialty Care Network have contracts that specifically require measurable outcomes to ensure appropriate treatment and outcomes.

8) 8th Recommendation - take a hard look at the juvenile system and make several recommendations to help assure that our youngest and most vulnerable with mental health issues are better screened, and provided access to appropriate and competent care. These recommendations extend beyond the delinquency and juvenile justice system to include services targeting infants, children, and adolescents involved in the dependency and foster care system and child protective services. Among these specific recommendations are services and interventions targeting:

- Mental health screening and assessment in the juvenile justice and foster care systems.
- Use of evidence-based practices in the juvenile justice and foster care systems.
- Early childhood development and reactive attachment disorder among infants and young children involved in the foster care system.
- Psychotherapeutic medication prescribing practices in the foster care system. Better info for Judges/Less reliance on meds)

9) 9th Recommendation – Greatly improve and expand mental health and substance use Judicial Education Programs.

Florida Supreme Court Report – Transforming Florida's Mental Health System is available at: http://www.floridasupremecourt.org/pub_info/documents/11-14-2007_Mental_Health_Report.pdf