The Florida Senate

Interim Project Report 2007-102 *November 2006*

Committee on Children, Families, and Elder Affairs

EFFECTIVENESS OF COMMUNITY-BASED TREATMENT IN REDUCING ADMISSIONS TO FORENSIC PROGRAMS AT STATE FACILITIES

SUMMARY

Persons who are charged with a felony and determined by the court to be incompetent to proceed due to a mental illness (ITP) or persons who are found not guilty by reason of insanity (NGI) may be committed to the custody of the Department of Children and Family Services (DCF, or department) for treatment in a state forensic facility. Forensic commitments to DCF have steadily increased each year since 1999 in spite of a concerted effort by DCF, the courts, law enforcement, and advocates to develop alternatives and manage the use of institutional beds.

Research and policy studies by national experts and the Legislature and reports of expert consultants confirm that effective strategies to divert persons with mental illness from the criminal justice system do exist. Alternatives to placement in forensic facilities are available in many areas of the state, especially in areas where stakeholders in criminal justice and mental health have worked together to address these issues.

Data on utilization of state forensic facilities, best practices in community treatment of persons with serious mental illness in the criminal justice system, and strategies for system coordination were reviewed for this report. Based on the project's findings, it is recommended that:

- The Legislature consider establishing community forensic coalitions in each judicial circuit to serve as a forum for discussion of issues critical to the efficient functioning of the forensic system,
- The department comply with current requirements in ch. 916, F.S., for collection of data on forensic evaluators and report the results to the Legislature,
- The department include projected cost benefit analysis for providing community forensic services versus continuing to expand institutional forensic capacity in its requests to the Legislature,
- The department ensure that best practices in developing community residential and housing options for forensic clients are shared among districts and regions,
- The Legislature consider amending Chapter 916, F.S., to change from five years to three years the time for a determination that a defendant cannot be restored to competency, except in cases involving a capital offense.

BACKGROUND

Persons with serious mental illnesses present unique challenges for the criminal justice system. According to experts in both the corrections and mental health fields, persons with mental illnesses are disproportionately represented in the criminal justice system. Data from the U.S. Department of Justice (DOJ) and the Florida Department of Corrections (DOC) confirms this conclusion. Although data indicates that approximately six percent of the general population in the United States have a serious mental illness,[1] this prevalence increases to 16 percent for inmates in U.S. jails.[2, 3] The Florida DOC estimates that the average daily

[1] Kessler, R.C., Chiu, W.T., Demler, O., Walters, E.E. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005 June; 62(6):617-27.

[2] Ditton, P.M., Mental Health Treatment of Inmates and Probationers, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, July 1999.

[3] A recent report from the Department of Justice suggests that as many as 30 percent of jail inmates have symptoms of a major depressive or psychotic disorder. (see James, D.J., Glaze, L.E., Mental Health Problems of Prison and Jail Inmates, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sept. 2006).

population of Florida jails in 2005 was 57,559.[4] Using the DOC jail population estimate and a 16 percent prevalence rate, approximately 9,200 individuals held in Florida jails at any given time has a serious mental illness. In addition to the large number of jail inmates with mental illnesses, the number of inmates classified as "S3" (the DOC mental health classification denoting moderate impairment in adaptive functioning) in the state's prisons has increased from approximately 2,000 in 1990 to nearly 12,000 in 2006.[5]

Identification and treatment of persons with serious mental illness who are involved in the criminal justice system has become a subject of intense scrutiny in Florida and across the country. The situation has reached crisis proportions amid the growing perception that jails and prisons are now "the new asylums."[6] The cost of this problem to communities for law enforcement, jails, and human services is enormous. The Miami-Dade Department of Corrections estimates that it spends almost $4 million annually for overtime pay to manage inmates with mental illness.[7] The Orange County jail reports that the average inmate identified as having a mental illness stays 51 days, compared with an average stay of 26 days for inmates.[8]

This interim project focuses on one aspect of the population at the interface of these systems: persons who are charged with a felony, determined by the court to be incompetent to proceed (ITP) because of a mental illness or persons who are found not guilty by reason of insanity (NGI) and committed to the custody of the Department of Children and Family Services for treatment in a forensic program. The growth of the waiting list for admission to state treatment facilities was the impetus for this review. The project describes commitments to state forensic facilities across counties and statewide, describes community best practices that could be replicated, and makes policy recommendations regarding community-based programs and strategies that have the potential to divert appropriate defendants from commitment to state mental health treatment facilities.

Chapter 916, F.S., the "Forensic Client Services Act," and the Florida Rules of Criminal Procedure (FRCP Rules 3.210-3.219) govern the adjudication and treatment of persons who are charged with a felony and suspected of being incompetent to proceed or who have been found not guilty by reason of insanity. These defendants remain under the jurisdiction of the court but are committed to the custody of DCF. There are three maximum security forensic state mental health treatment facilities operated directly or contracted by DCF. These facilities are Florida State Hospital in Chattahoochee, North Florida Evaluation and Treatment Center in Gainesville, and South Florida Evaluation and Treatment Center in Miami. Individuals who do not require a secure setting may be admitted or transferred to one of three civil mental health treatment facilities, which have "forensic step-down beds" designated for that purpose.[9]

In a criminal proceeding, if the court or counsel for the defendant or the state has grounds to believe that a defendant is not competent to proceed, FRCP 3.210 provides that the court must set a hearing within 20 days after filing the motion. The statute directs that the court "appoint no more than three experts to determine the mental condition of a defendant."[10] The statute also provides that "*to the extent possible*, the appointed experts shall have completed forensic evaluator training approved by the department, and each shall be a psychiatrist, licensed psychologist, or physician."[11] (emphasis added) If the expert finds the defendant incompetent to proceed, he or she must report on recommended treatment that will allow the defendant to regain competence. The report must also address the defendant's diagnosis of mental illness; recommended treatments and alternatives and their availability in the community; the likelihood of the defendant's attaining competence under the treatment recommended; the probable duration of the treatment; and the probability that the defendant will attain competence to proceed in the foreseeable future.[12] Information in these reports is the basis for the court's determination of a defendant's competency and placement, and the quality of information contained in them can help or hinder treatment outcomes for a defendant.

Defendants who are adjudicated incompetent to proceed or not guilty by reason of insanity may be held

[4] Department of Corrections, County Detention Facilities 2005 Annual Report.
[5] McDonough, J., Presentation to Florida Substance Abuse and Mental Health Corporation, June 8, 2006.
[6] Navasky, M., O' Connor, K., "FRONTLINE: The New Asylums" originally broadcast on May 10, 2005, WGBH Educational Foundation, Boston, MA.
[7] Criminal Justice / Mental Health Consensus Project www.consensusproject.org.
[8] Ibid.
[9] Department of Children and Family Services, http://www.dcf.state.fl.us/mentalhealth/forensic/facility.
[10] s. 916.115(1), F.S.
[11] s. 916.115(1)(a), F.S.
[12] s. 916.12, F.S.

in jail for up to 15 days from the date the department receives a completed copy of the commitment order containing the documentation required by FRCP 3.212 and 3.217, and until transportation to a treatment facility is arranged by the committing county.[13]

Previous legislative reviews of issues relating to persons with mental illness in the criminal justice system have focused primarily on diversion of persons charged with misdemeanors from the criminal justice system but have made recommendation relevant to the entire forensic system. In 1998, the Senate Committee on Children, Families, and Seniors Interim Project 99-06 examined the role of county courts under ch. 916, F.S. In 1999, in response to the report, the Legislature enacted Chapter 99-396, L.O.F., which required DCF to develop written cooperative agreements with the judicial system, criminal justice system, and local providers in each district that would "define strategies and community alternatives within current statutory authority and existing resources" for diverting misdemeanor offenders from the criminal system to the civil system. The legislation also called for extensive study of diversion strategies, client population data and treatment resources, and required evaluations of in-jail treatment, mental health courts, and criminal justice training standards. Based on this study it was recommended that partnerships be developed among the criminal justice and mental health stakeholders at the local level to address shared concerns.[14] The study report suggested that the multi-layered approach to solving the management of mentally ill offenders which required diversion, systematic screening, adequate in-jail treatment, and discharge planning could best be accomplished through these local partnerships. The studies gave impetus to activities such as revising law enforcement training curricula and expanding Crisis Intervention Training (CIT) across the state. The study also informed subsequent discussion of national efforts to increase court jurisdiction over offenders with mental illness through use of outpatient commitment, a provision which was enacted by the Legislature in 2003.

In 2005, the Legislative Committee on Intergovernmental Relations conducted a review of the impact of persons with mental illnesses on county jails which followed up issues highlighted in the 1999 report. The committee found that "(a)lthough jails in Florida screen for mental illness and have suicide prevention programs, with larger jails providing more elaborate treatment and in-jail housing options, resources within the criminal justice system necessary to cope with the mentally ill are inadequate." Respondents reported that inmates with mental illnesses posed more of a problem than they had in 1999 and attributed this to several barriers to delivering appropriate care in a jail setting, including increased cost and availability of medications, insufficient access to community mental health treatment, lack of funding, and poor communication. The report noted the benefits of pre-booking diversion programs such as Crisis Intervention Training (CIT) and post-booking diversion programs such as mental health courts and cited the promise of Assertive Community Treatment (ACT). The committee recommended that the Legislature support DCF in developing diversion programs and ACT teams and DCF's efforts to enhance communication with the courts and jails regarding mental health needs of jail inmates.

In 1997, representatives of state agencies, the courts, law enforcement, county governments, service providers, consumers, and advocates developed a model forensic system for Florida, which became a blueprint for future system development and a basis for DCF program and budget requests. The model described essential functions of a strong community forensic system including diversion and community alternatives, mental health services in local jails, forensic evaluation, and system oversight and coordination.[15] In 2005 and 2006, DCF developed proposals for criminal justice diversion and treatment services. These proposals included three components of a community forensic system:

- Criminal Justice Intervention and Transition Teams composed of a psychiatrist, advanced registered nurse practitioner, social workers, and support staff that would provide services to 350 persons each year in jails and develop diversion services to reduce re-arrests.
- Transition services until benefits could be restored for persons released from jail or prison.
- Community residential treatment beds in addition to forensic and civil facility step down beds.

[13] s. 916.107, F.S.

[14] Borum, R., Misdemeanor Offenders with Mental Illness in Florida: Examining Police Response, Court Jurisdiction, and Jail Mental Health Services, Department of Mental Health Law & Policy, Florida Mental Health Institute, University of South Florida, 1999.

[15] Heilbrun, K., Griffin, P., Florida Forensic Consultation Report, Department of Children and Family Services, 2002.

METHODOLOGY

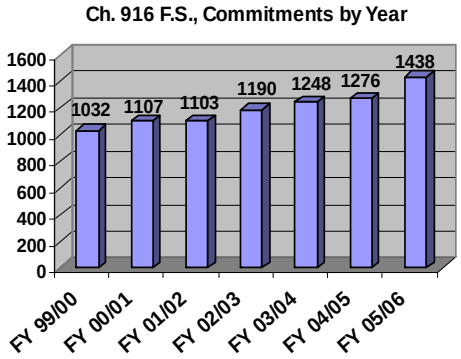
Academic and public policy research and relevant studies in the areas of mental health, criminal justice, and forensic mental health were reviewed. Data on population trends, mental illness prevalence, commitments to corrections facilities, and patterns of commitments to state mental health treatment facility forensic programs were analyzed across counties. Key informants from district and headquarters DCF offices, the courts, law enforcement, and mental health providers were also interviewed to address critical issues in the implementation of statutory and legal requirements relating to the forensic mental health system.

FINDINGS

Every state is confronting the challenge of rising numbers of persons with mental illness in the criminal justice system. Nationally, there are several organizations devoted entirely to public policy research to understand and develop strategies that can help state and local governments improve the response of the mental health and criminal justice systems to people with mental illness.[16] The most frequently cited reasons for increased numbers of persons with mental illnesses in the criminal justice system include:

- Higher incarceration rates;
- A decline in the number of inpatient mental health treatment beds;
- The failure of community-based programs to keep pace with population growth.

In Florida, the number of persons with mental illness coming into the criminal justice system and the demand for beds has continued to grow despite efforts of DCF, local governments, the courts, law enforcement, and advocates to manage this population. On three separate occasions since 1985, DCF has sought expert consultation on the management of the forensic system in an attempt to respond to increased demand for institutional beds and to plan and implement effective diversion programs. The department and system stakeholders have followed the reviews' recommendations to the extent possible, yet forensic commitments to DCF have increased each year since 1999. According to DCF, commitments have increased by 72 percent since FY 98/99. Fifteen of the 20 judicial circuits committed from two percent to 116 percent more individuals in FY 05/06 than in FY 04/05 for a 16 percent total increase in commitments for the year.[17]



The three circuits with the greatest percentage increase in commitments from FY 04/05 to FY 05/06 were the First Circuit (DCF District 1 in Escambia, Okaloosa, Santa Rosa and Walton Counties) - 48 percent increase; the Fifth Circuit (DCF District 13 in Citrus, Hernando, Lake, Marion, Sumter Counties) - 116 percent increase; and the Tenth Circuit (DCF District 14) in Hardee, Highlands, Polk – 81 percent increase. Dade County (Eleventh Circuit, DCF District 11) has historically been the county that has the highest number of forensic commitments. Although commitments from Dade had been reduced by 22 percent from FY 03/04 to FY 04/05, FY 05/06 saw a 33 percent increase in commitments. There was a commensurate increase in commitments to DOC in Escambia, Polk, and Marion Counties during FY 05/06, but there appears to be no single factor that would explain the increase in forensic commitments from these districts.

The increase in commitments has resulted in an expanding waiting list for admission to state treatment facilities. These increases have occurred despite a decrease in the number of days to restore competency (reduced from 145 days in FY 01/02 to 135 days in FY 05/06) and despite a decrease in the average length of stay (reduced from 195 days in FY 01/02 to 174 days in FY 05/06).[18] Advocates and jail administrators maintain that the delay in admitting defendants to forensic facilities postpones necessary treatment, creates potentially dangerous situations in already overcrowded jails, and consumes limited jail health

[16] Foremost are the Criminal Justice/Mental Health Consensus Project, coordinated by the Council of State Governments and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and foundation grants and the GAINS Center, a federal partnership between SAMHSA and the National Institute of Corrections.

[17] Department of Children and Family Services, Florida's Adult Forensic Mental Heath Treatment System, Summary Report, July 2006.

[18] Department of Children and Family Services, personal communication, September 5, 2006.

care resources. Defendants admitted in FY 05/06 waited in jail an average of 48 days from the date DCF received the commitment order.[19] As of July 27, 2006, the waiting list for admission to a forensic bed in a state facility included 313 individuals, with 248 of those (79 percent) waiting over the statutory limit of 15 days.[20] It is important to note that at the same time 128 defendants were awaiting pick up by the committing county after state treatment facility staff found them to be competent to proceed, not restorable to competency, or appropriate for conditional release and community treatment.[21] The court is required to "hold a hearing within 30 days of the receipt" of the report from the treatment facility.[22] According to DCF, however, the percentage of defendants picked up within 30 days of court notification has declined every year since 2002. In FY 05/06, one quarter (24 percent) of defendants for whom discharge had been requested waited longer than 30 days to be picked up.

Contributing to the utilization of state forensic and step-down beds are defendants who are incompetent to proceed (ITP) and unlikely to be restored to competence within the foreseeable future, i.e.,"unrestorable." Pursuant to s. 916.145, F.S., charges may be dismissed if a defendant remains incompetent to proceed for five years after such a determination, unless the order specifies the court's reasons for believing that the defendant will become competent to proceed within the foreseeable future. The courts have interpreted this provision as requiring that five years must pass before charges may be dropped against an individual who is determined to be "unrestorable" to competency although it may be apparent to clinical treatment staff that a defendant is unrestorable fairly soon after admission.[23] Data for the past eight fiscal years (FY 98/99 to FY 05/06) shows that of those determined to be ITP, 6,997 total admissions (99.6 percent) were restored to competency in three years or less. As of August 30, 2006, there were 67 individuals adjudicated incompetent to proceed residing in a forensic facility who have remained incompetent for three years or longer. Under the current law, they will remain in a forensic or step-down bed (at an average cost of $318 per person per day) until the five year limit passes.

[19] Department of Children and Family Services, Briefing Book: Vision, Values, Voices, August, 2006.
[20] Department of Children and Family Services, Status Report, Forensic Waiting List, July 2006.
[21] Ibid.
[22] FRCP 3.212, (c)(6).
[23] Mosher v. State of Florida, 876 So.2d 1230.

The waiting list for admission to forensic facilities often results in judges issuing immediate placement orders, forcing the defendant who is the subject of the order to the top of the waiting list and displacing others who may have been waiting longer. In June and July 2006, DCF received 85 immediate placement orders. Effective July 2006 the Secretary of DCF has directed that the department would no longer respond to immediate placement orders by moving defendants to the top of the list. Since that time, DCF has responded to 12 orders to show cause as to why individuals being held in jail awaiting admission to a forensic facility cannot be admitted. These actions have drawn public attention to the current waiting list; however they do not contribute to a viable solution to the lack of system capacity, and they consume state and county resources in lengthy legal proceedings.

System Capacity

Currently, there are 1,329 forensic and forensic step down beds and 1,016 civil treatment (Baker Act) beds in state facilities. Since 1999, 412 civil mental health beds have been converted to designated forensic step-down beds and 57 secure forensic treatment facility beds have been added to the system. The 2006 Legislature appropriated funds for an additional 24 secure forensic beds at Florida State Hospital and 60 step-down beds at Northeast Florida State Hospital.

State Mental Health Treatment Facility Beds (10/01/06)

Type of Facility/Beds	Number of Beds
Civil	**1,016**
Forensic Step-down	472
Secure Forensic	944
Total Designated Forensic (Secure and Step-down)	**1,416**
TOTAL ALL BEDS	**2,432**

Forensic facilities cost between $283 to $336 per bed per day, (annualized cost of $103,295 to $122,640 per bed FY 05/06). Secure treatment facility beds will continue to be an important element of the forensic system of care, but the consensus among stakeholders is that use of these beds should be reserved for defendants for whom no other option is appropriate due to the severity of their illness and public safety concerns. Other defendants are often more appropriate for community residential placements which have a unit cost to DCF ranging from $155 to $241 per day. Clients in a community setting may also have their Medicaid benefits restored which helps to cover the cost of medication and recovery support services.

Community Forensic Programs

Research has demonstrated that treatment for mental illnesses is effective, but experts point out that because there is a "science to service gap," these programs are not widely available.[24] Controlling the increasing number of admissions to state forensic facilities will require coordinated efforts among key stakeholders in communities around the critical elements of a community-based forensic system: diversion and community treatment, access to treatment in jail, valid and reliable evaluation, and effective system coordination.

- **Diversion and Community Treatment**

Jail diversion is important because effective jail diversion keeps persons whose primary problem is a mental illness out of the criminal justice system entirely and directs them to services in a more appropriate and less costly setting. Jail diversion reserves beds in overcrowded jails and state facilities for persons who require a high level of security due to the nature of their crime and the severity of their mental illness. Diversion strategies include law enforcement programs such as Crisis Intervention Training (CIT), mobile mental health crisis teams, pre-trial diversion services, mental health courts, and case management. Florida law enforcement agencies have actively supported CIT which trains law enforcement officers in alternative responses to persons in a mental health crisis. This training has demonstrated effectiveness in reducing use of force, reducing injury to law enforcement officers and the public, and improving treatment by diverting individuals from jail to treatment.[25] There are currently 27 Florida counties representing over 75 percent of Florida's population with CIT programs or trained officers.[26] Florida has also been a leader in establishing mental health courts; the first court in the nation was in Broward County, and there are now mental health courts in ten circuits in the state.

Community-based treatment services for persons with mental illness in the criminal justice system have been available in Florida since the 1970's. Initially these programs were limited to a few areas of the state and were funded through a patchwork of federal, state, and local funds. By the 1990's, state-funded community forensic services existed in 42 counties, and nearly every district had a community forensic program and a full-time or part-time forensic coordinator.[27] In November 2002 a $7.5 million budget amendment allocation was released to the ten DCF districts that were outside of the catchment area of G. Pierce Wood Memorial Hospital (GPWMH) in Arcadia, Florida, to enhance community forensic services. (When GPWMH was closed in 2002, funds from the hospital were dispersed to the districts within the catchment area to enhance community programs, including forensic programs.) In FY 03/04, the Legislature funded $3.8 million for expansion of community-based forensic services including Forensic Specialist positions in 19 of the 20 judicial circuits. These funds were used to establish new community competency restoration programs and increase residential capacity.[28]

Key informants noted that limited access to residential programs in the community had a negative effect on their ability to provide appropriate mental health services to forensic clients and divert them from jail or state forensic facilities. Availability of secure housing is seen by both mental health and criminal justice professionals as essential to establishing a community forensic system that courts can refer to with confidence. Limited affordable housing combined with the stigma of mental illness and criminal justice system involvement present formidable challenges in developing these programs. The Suncoast Region (Hillsborough, Pasco, Pinellas, DeSoto, Manatee, and Sarasota Counties) has developed forensic residential capacity through encouraging community providers to accept forensic clients and converting beds in civil residential programs to forensic. The region has developed a range of residential options including residential treatment, adult family care homes, and supported housing for forensic clients. All of these programs either provide or have access to competency restoration programs, and there is a concerted effort to divert all non-dangerous defendants into community placements. The development of these programs has taken several years of focused effort and partnership among courts, DCF, public defenders, state attorneys, consumers, families, and providers. In spite of being one of the state's most populous areas, most of the counties within the region have managed to control increases in commitments to state forensic facilities; the

[24] Osher, F., Responding to the Needs of Justice Involved Persons with Mental Illness, Presented to Florida Council for Community Mental Health, Sept. 2006.

[25] http://www.memphispolice.org.

[26] Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida, 2005.

[27] Ibid.

[28] Community-based competency restoration programs work with defendants in jail or in an alternate residential settings teaching them the skills necessary to meet the standard for competency to proceed.

Region increased commitments at a rate (eight percent) that was half that of the statewide average in FY 05/06.

- **Mental Health Services in Jails**

Forensic consultants have pointed out that "(t)here has been much difficulty in Florida and elsewhere in sorting out legal and financial responsibilities for mental health services in county jails. This problem remains unresolved."[29] In addition, privatization of some jails and their internal mental health services has changed the relationship between jails and the local community mental health system.

Key informants supported the findings of previous studies relating to the need for adequate mental health treatment in jails, especially competency restoration programs and continuity of care for defendants who are already clients of the local mental health system or are returning from state forensic facilities. A lack of continuity of medication practice is frequently mentioned as the reason defendants decompensate when they are transferred back to jail from state facilities. There are several reasons this occurs. State forensic facilities and community agencies use newer medications that are often not in jail formularies; jail physician practice patterns vary; or the jail may not have a budget for newer medications. Although DCF does send medication with defendants returning to jail, they send the minimum requested by the jail. The department currently has no data on the number of recommitments that result from changes in medication so it is not possible to determine the extent to which this practice has had a negative effect on the waiting list and utilization of forensic beds.

- **Forensic Evaluations**

The timeliness and quality of forensic evaluations are critical to the efficiency of the commitment process because they are used by the court to determine if a defendant will be determined ITP. Section 916.111(1), F.S., requires that DCF develop standardized criteria and procedures to be used in forensic evaluations to ensure uniform application of the criteria enumerated in the rules. The department maintains a list of available mental health experts who have completed training, and DCF must provide a list of these experts to the court annually. Since 1986, the Florida Mental Health Institute at the University of South Florida has conducted forensic evaluator training twice a year supported through fees charged to participants. Currently, 1,358 individuals who have taken the forensic evaluator training have indicated that they are available to serve as court-appointed evaluators. Because there is no central data on how many of the professionals who have taken the training are actually doing evaluations, it is difficult to determine if availability of forensic evaluators or the quality of their reports contributes to delays in moving defendants through the system. Key informants reported that some judges use evaluators who have not been trained and that poor quality reports have an effect on appropriate placement of forensic clients, but without data this cannot be verified. Although counties provide copies of the evaluations to the department in commitment packets, this data is not kept in a database that would facilitate analysis of trends over time.

- **System Coordination Activities**

As one expert noted, "(a)n effective community forensic system must recognize ways in which other systems influence our work and proceed accordingly. Acting as if the other systems do not exist works against a strong community forensic system in Florida. There is a need to develop ongoing partnerships with critical players and develop processes that bring players together on a regular basis."[30] Effective coordination models in Florida have demonstrated the value of communication and shared planning among community stakeholders in the criminal justice and mental health systems.

When the DCF forensic coordinators were established in the 1980's, they were envisioned as a single point of accountability, a liaison between the criminal justice and mental health systems, and as instrumental in developing more effective community systems. In addition to working within the district with courts, public defenders, and prosecutors, they worked with state facilities, DCF headquarters, and other districts to address statewide issues. A key informant noted, "(l)ocal advocacy for individuals with mental illness and substance abuse disorders within the criminal justice system is hard to muster and requires strong leadership and support from a diverse group of criminal justice system and mental health professionals, consumers, and families." Some of the larger judicial circuits have assigned staff dedicated entirely to mental health cases in the court administrator's office or public defender's office. Having these positions located with the courts may be an advantage in that the cross-system

[29] Heilbrun, K., Griffin, P., Florida Forensic Consultation Report, Florida Department of Children and Family Services, August 2002.

[30] Heilbrun, K., Griffin, P., Florida Forensic Consultation Report, Florida Department of Children and Family Services, August 2002.

coordination and leadership functions that are critical to system coordination may have more effect coming from the court.

National experts also cite the importance of having some coordinating group or council "(l)eadership and oversight by a broadly representative, culturally diverse task force whose members include representatives of law enforcement, the courts, consumer and family organizations, and mental health and substance abuse agencies. It helps if task force members are sufficiently high in their organizations' hierarchies to institute needed changes."[31] Some communities use the existing public safety coordinating councils created in s. 951.26, F.S., and others have created forensic work groups or task forces. These groups have been the impetus for change and have supported innovative strategies in several circuits. Although some are under the auspices of DCF, it appears that those groups that have had the most impact are convened by judges such as those in Dade and Broward Counties.

RECOMMENDATIONS

The challenges faced by communities regarding forensic populations are complex, and meeting those challenges requires cooperation and leadership from a broadly representative group composed of state and local government agencies, the courts, law enforcement, consumers, and service providers. Florida communities successfully addressing these challenges have developed some type of forum for ongoing communication across system boundaries. The Legislature should consider establishing community forensic coalitions in each judicial circuit to focus on shared criminal justice and mental health issues. The coalitions would serve as a forum for discussion of issues critical to the efficient functioning of the forensic system. For example, jail policies and procedures relating to treatment of inmates with mental illness such as use of psychotherapeutic medication and ensuring continuity of care for forensic clients while they are incarcerated should be addressed by these groups. Strategies for development of community residential services including supportive housing and secure short-term residential programs are most effective when generated by community representatives such as those who would serve on the coalitions.

Community forensic programs exist in several areas of the state, developed through partnerships among key stakeholders and local leadership. Proposals to expand these services statewide must be based on demonstrated effectiveness in reducing demand for more costly institutional care. The department should include projected cost benefit analysis for providing community forensic services versus continuing to expand institutional forensic programs in proposals to the Legislature for expansion of these programs.

Successful diversion programs require the availability of community services and residential capacity. This capacity includes secure community housing that provide the courts with placement options other than state facilities for individuals for whom conditional release and community competency restoration is appropriate. The department should develop a means to ensure that best practices from communities that have been successful in developing acceptable housing options for forensic clients are shared among districts and regions.

Section 916.111, F.S., requires that DCF maintain data on forensic evaluators to determine if the current training program should be modified and if the reliability and validity of evaluations have any impact on forensic commitments. Although there may be some value in strengthening the training and adding a certification process, without some assessment of the effect of the current training, this decision is premature. The evaluation of forensic evaluator training required in statute should be completed, and DCF should make recommendations relating to training content and certification and report these findings and recommendations to the Legislature.

It is recommended that Chapter 916, F.S., be amended to eliminate the language that has been interpreted to require a five-year wait for persons who cannot be restored to competency and to provide for dismissal of charges or a return to court after three years. It is recommended, however, that an exception to this policy be made in the case of capital offenses, which should remain at five years.

[31] Building Bridges Between Mental Health and Criminal Justice: Strategies for Community Partnerships http://www.umaryland.edu/behavioraljustice/issues/jaildiversion/building.html.