Agenda Item No. 14(B)1
April 19, 2016

Memorandum

MIAMI-DADE COUNTY

Date: April 8, 2016

To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: Stepping Up Initiative – Directive 150924

The following information is provided pursuant to Resolution R-437-15 adopted by the Board of County Commissioners (Board) on May 5, 2015 regarding data collection and treatment capacity for mental health illness in jails in support of the Stepping Up Initiative. This report provides information regarding mental health services provided to inmates incarcerated in the Miami-Dade Corrections and Rehabilitation Department (MDCR), and the local programs and services available in Miami-Dade County.

MDCR and the Jackson Health System Corrections Health Services (CHS) continually collaborate improve the medical and mental health services provided to inmates. The utilization of an improved assessment and evaluation tools and recent automation of the mental health status of inmates has allowed MDCR and CHS to better capture the prevalence of mental health inmates.

In order to evaluate an inmate's mental health needs, CHS assesses their mental health status of during various phases of incarceration. Upon arrest, an inmate is screened for clinical conditions including mental health and acute medical needs. A thorough Mental Health Screening and Evaluation is then conducted within 14 days of incarceration consisting of comprehensive questions and observations, half of which address current suicidal thoughts and intent, and previous mental health history. The Mental Health Screening and Evaluation is intended to categorize the level of mental health care required including emergency, urgent, or routine care by a psychiatrist, or placement in mental health housing. Inmates on the mental health caseload are reassessed frequently throughout their incarceration. Inmates experiencing changes in behavior or demeanor are referred to CHS for evaluation where a qualified mental health professional determines the appropriate clinical and housing requirements.

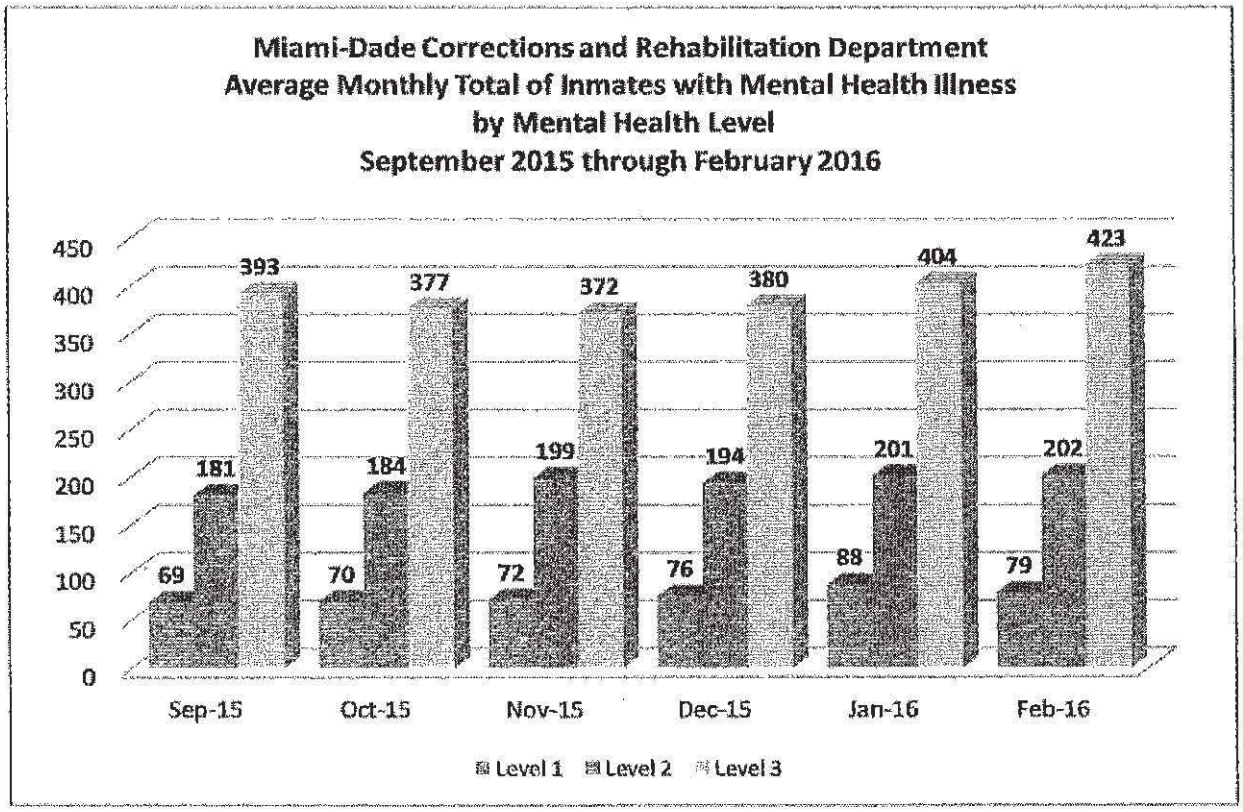
The opening of the Mental Health Treatment Center, in December 2014, ensures that a variety of psychiatric and therapeutic treatments are provided to mental health inmates. CHS employs a team of psychiatrist, psychologists, social workers, and paraprofessionals to provide heightened level of care to these vulnerable inmates, depending on the severity of their illness. The severity of the illness is categorized by mental health level:

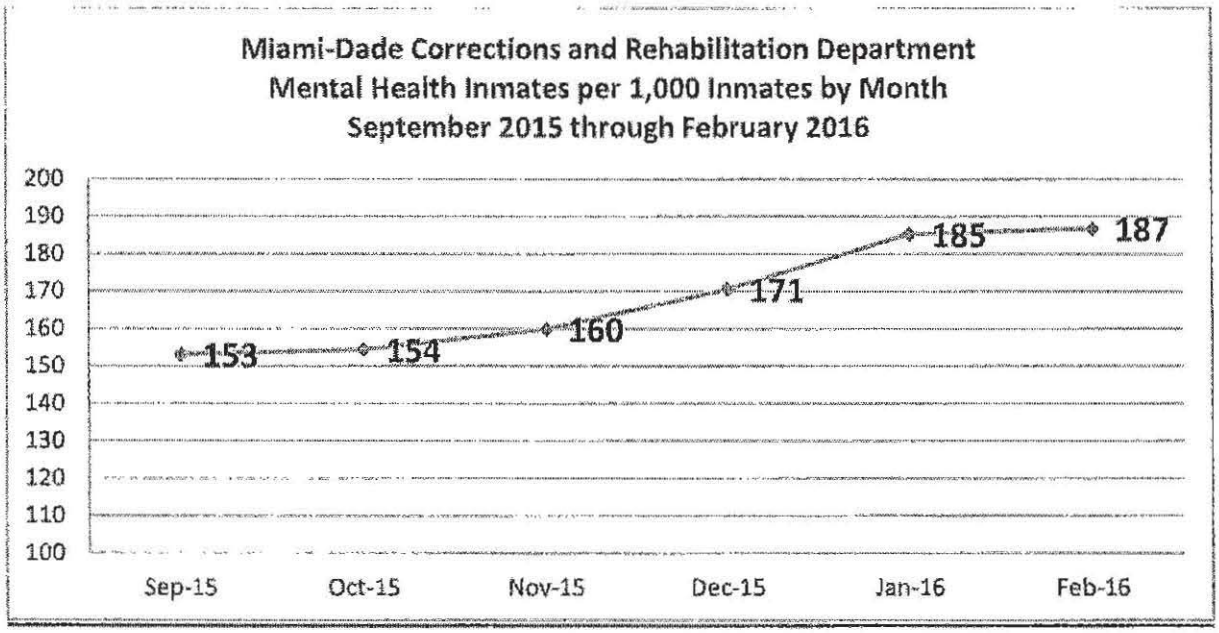
- **Level I** inmates are considered a danger to themselves or others: have performed serious self-injurious acts with the clear intention of suicide; or may not be able to maintain a minimal level of personal hygiene.
- **Level II** inmates may engage in acts of self mutilation without the intent to commit suicide; are without psychotic symptoms with some notable impairment in reality testing or gross level of psychotic process. These inmates may show rapid decline in base level functioning.
- **Level III** inmates have mood or anxiety disorders ranging between moderate to severe levels of impairment; are unable to function in the general inmate population; have anxiety or thought disorders that are not acute psychotic and stable with current medication regimen; or have documented

explosive anger outburst and frequent impulsive acts with recent improvements in frequency and intensity of these stated episodes.

The frequency of services list below is the minimal level of services provided, based on the mental health level, and does not include additional services provided to an inmate:

- **Level I** inmates are treated daily by a psychiatrist and, after seven (7) days, are treated by an Inter-Disciplinary Treatment Team (IDTT). IDDT consists of the treating psychiatrist, social workers, psychologists, nursing staff, and MDCR representatives to ensure a multifaceted clinic approach and a written treatment plan is tailored to meet the specific needs of the inmate.
- **Level II** inmates are treated daily by a qualified mental health professional for the first five (5) days and then treated once every seven (7) days for two (2) weeks, and every 30 days thereafter. IDDT is convened if an inmate remains on mental health Level II after 30 days.
- **Level III** inmates are seen by a psychiatrist every 30 days. Additionally, psychologists and social workers provide therapeutic services based on the clinical requirements of each inmate.





The availability of other treatment modalities has increased. Individual counseling, music therapy, stress management, coping, anger management, art therapy, life building skills, and relapse prevention sessions are available to mental health inmates incarcerated in MDCR jails.

CHS has a Detoxification Program for inmates identified in drug withdrawal or at risk of withdrawal to ensure medical surveillance and treatment is provided during the withdrawal process. The need to implement a clinical substance abuse treatment group has been identified and is in the process of being developed by CHS. The substance abuse groups will focus not only on substance abuse but co-morbidity issues such as mood, anxiety, or dissociative disorders that may occur simultaneously or sequentially with the substance dependence. MDCR currently partners with Narcotics Anonymous and Alcoholics Anonymous to provide meetings for the general inmate population.
Although current jail records are automated, only providing general incarceration data and personal information such as name, date of birth, address, employment, jail number, medical screening data, previous incarcerations, and housing locations.

MDCR is in the process of acquiring an Offender Management System (OMS) that will automate data collection of inmate demographics and facilitate its analysis and reporting. OMS is an end-to-end jail management system from intake to release. The software offers a variety of modules: Intake, Classification/Housing, Inmate Tracking, Case Management, Medical Services, Incidents/Disciplinary, Grievance, Food Services, Mail Services, Chaplaincy, Boot Camp, Monitored Release, Commissary ordering, Compliance Safety and Inspections, Court Services, Inmate Banking, Inmate Requests, Internal Affairs and Security, Inventory, Pre-Trial Services, Personal Property, Release and Bond Out, Transportation, and Visitation. The first phase of the project will primarily be focused on the implementation of modules that address the compliance with the Department of Justice's requirements, such as Classification/Housing, Incident/Discipline, and Grievances. The scope of work and the implementation timeline for the first phase of the project is being developed. The functionality of the other modules will be analyzed as the project progresses.

CHS has recently begun to utilize an electronic health record (EHR) for the collection, retention, and analysis of all clinical patient information. The OMS will better interface with the HER allowing for the coordinated collection and analysis of custodial and clinical information. Finally, CHS has begun preliminary discussions with the Jackson Research Team to determine the feasibility of partnering and/or developing research opportunities.

Miami-Dade County, through its Community Action and Human Services Department (CAHSD) and the Homeless Trust (HT), have embraced a proactive approach to care, to meet community needs.

CAHSD's Rehabilitative Services Division (RSD) provides comprehensive outpatient and residential services to individuals affected by alcohol and substance abuse in the County. Various treatment modalities are used to assist individuals presenting with alcohol and substance use disorders, co-occurring disorders, homelessness, and high risk behavior for potential criminality. All services are provided in linguistically and culturally sensitive settings.

The HT provides jail diversion programs for mentally ill homeless individuals who have been incarcerated. These programs are funded through the SFBHN and State courts. These programs coordinate discharges of persons from jails, hospital and crisis units, provide for beds, and expedites disability benefits.

Approximately nine (9) percent of Miami-Dade County residents suffer from a mental illness – a rate that is approximately three times higher than the national average. The County also has a large homeless population, most of whom have mental health and/or substance abuse issues. Over the course of the past decade, the County has emerged as a national model for developing strategies to combat the criminalization of mental illness.

The County has an extensive network of state funded behavioral health providers that offer prevention, treatment and continued approach to care. South Florida Behavioral Health Network (SFBHN) is the managing entity that provides comprehensive planning, coordination, contract management and fiscal oversight to enrich and expand the consumer driven continuum of behavioral health prevention and treatment in a culturally appropriate manner throughout the communities of South Florida.

Law enforcement has adopted a pre-arrest diversion program that keeps thousands of people picked up by police agencies across the County out of jail. For example, the jail diversion program offers people charged with misdemeanors and second and third-degree felonies, an opportunity to get out of jail and into treatment.
Additionally, SFBHN maintains Consumer and Family Resource Manuals in English, Spanish and Creole that lists services available and direct contact information to service providers in Miami-Dade County. As a part of the comprehensive approach to care, the resource directories include, but are not limited to mental health and substance abuse providers, housing resources and trauma informed care.

Per Ordinance 14-65, this memorandum will be placed on the next available applicable Committee meeting agenda and subsequently placed on the next available Board of County Commissioners meeting agenda.

If you have any questions or concerns, please feel free to contact Marydell Guevara, Director of the Miami-Dade Corrections and Rehabilitation Department, at 786-263-6010 or Manny Estrada, Director of the Corrections Health Services, at 786-263-6060.

c: Abigail Price Williams, County Attorney
Russell Benford, Deputy Mayor, Office of the Mayor
Marydell Guevara, Director, Miami-Dade Corrections and Rehabilitation Department
Manny Estrada, Director, Corrections Health Services, Jackson Health Systems
Christopher Agrippa, Clerk of the Board
Charles Anderson, Commission Auditor
Eugene Love, Agenda Coordinator