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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 8(B)(1)

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

DATE: January 21, 2015

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Resolution approving the Final Expansion Grant Progress Report of the Criminal Justice, Mental Health and Substance Abuse Reinvestment Act
Resolution No. R-13-15

The accompanying resolution was prepared by the Corrections & Rehabilitation Department and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.

R. A. Cuevas, Jr.
County Attorney

RAC/cp

Memorandum

MIAMI-DADE COUNTY

Date: January 21, 2015

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

From: Carlos A. Gimenez
Mayor

Subject: Criminal Justice Mental Health and Substance Abuse Reinvestment Expansion Act Final Expansion Grant Progress Report

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Recommendation

It is recommended that the Board of County Commissioners (Board) approve the Criminal Justice, Mental Health and Substance Abuse (CJMHSA) Reinvestment Act Final Expansion Grant Progress Report covering the period January 31, 2011 to June 30, 2014 which depicts its programmatic goals and associated final outcomes. Approval of this report by the Board is required prior to submission to the State of Florida Department of Children and Families.

Scope

The impact of the CJMHSA Reinvestment Act was countywide.

Fiscal Impact/Funding Source

During the period of January 31, 2011 to June 30, 2014, Miami-Dade County received $625,000 of funding from the CJMHSA.

Track Record/Monitoring

This project was operated by the Administrative Office of the Courts and administered by Dr. Eloisa C. Montoya, Mental Health and Medical Services Manager, Miami-Dade Corrections and Rehabilitation Department (MDCR).

Delegation of Authority

This item does not contain a delegation of authority to the County Mayor or the County Mayor's designee.

Background

Miami-Dade County has implemented the CJMHSA Reinvestment Expansion Grant for the State of Florida Department of Children and Families which was adopted by the Board through Resolution R-218-08. The CJMHSA grant award in the amount of $625,000, administered by the MDCR, has expanded the Eleventh Judicial Circuit Criminal Mental Health Project, operated by the Administrative Office of the Courts. A total of $589,353 of the total grant funding was used to support a specialized entitlement benefits access and immigration resolution unit and the balance of $35,646 will be returned to the State of Florida Department of Children and Families. This unit targets mentally-disordered individuals in the criminal-justice system, assisting them in submitting entitlement benefit applications. The expeditious approval of benefits for housing, medications and treatment services results in decreased re-arrests related to mental health disorders.

Over the course of the grant-funded period, over 430 persons were referred to the program and, of these, 285 met program criteria and had entitlement benefit applications prepared by grant staff and submitted to the Social Security Administration for review. All individuals who were referred, regardless of their ability to submit an entitlement benefit application or their application's success, received community-based treatment services. Over 84% of the submitted benefit applications were approved. As such, these grant participants were able to receive their monetary benefits within a reasonable amount of time from their involvement in the criminal-justice system.

The grant requires that the final fiscal and programmatic report to the funding agency, reflecting grant program activities for the period January 31, 2011 through June 30, 2014, be approved by the Board.

Russell Benford
Deputy Mayor

MEMORANDUM

(Revised)

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

DATE: January 21, 2015

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 8(B)(1)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(B)(1)
1-21-15

RESOLUTION NO. R-13-15

RESOLUTION APPROVING THE FINAL EXPANSION GRANT PROGRESS REPORT OF THE CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE REINVESTMENT ACT

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board approves the Criminal Justice, Mental Health and Substance Abuse (CJMHSA) Reinvestment Act Final Expansion Grant Progress Report in substantially the form attached hereto and made a part of hereof, as required prior to submission to the State of Florida Department of Children and Families.

The foregoing resolution was offered by Commissioner **Daniella Levine Cava**, who moved its adoption. The motion was seconded by Commissioner **Esteban L. Bovo, Jr.** and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman			**aye**
Esteban L. Bovo, Jr., Vice Chairman			**aye**
Bruno A. Barreiro	**aye**	Daniella Levine Cava	**aye**
Jose "Pepe" Diaz	**aye**	Audrey M. Edmonson	**absent**
Sally A. Heyman	**absent**	Barbara J. Jordan	**aye**
Dennis C. Moss	**aye**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**aye**
Juan C. Zapata	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 21st day of January, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: Christopher Agrippa
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Ben Simon

Criminal Justice, Mental Health, & Substance Abuse Reinvestment Act – **FINAL** Expansion Grant Progress Report

Miami-Dade County
Report Period: January 31, 2011 – June 30, 2014

Section 1. Contact Information

Eloisa Carolina Montoya, Psy.D.
Mental Health Services Manager
Miami-Dade County Corrections & Rehabilitation Department
Mental Health and Medical Services Unit
2525 N.W. 62 Street, Suite 3101
(786) 263-6014
M7526@miamidade.gov

Section 2. Detailed Progress Summary

Achievement of Goals/Objectives/Tasks:

Goal #1:
Establish on-going communication, collaboration and partnerships among all relevant County partners with respect to people with mental illness or co-occurring disorders who are in or at-risk of entering the criminal justice system.

Status of Goal #1:
a. Stakeholder Meetings
Throughout the grant, meetings were held with the various stakeholders. A strong working relationship with the community stakeholders and grant operations ensured the success of the grant. Specifically:

1. Meetings between grant administration and the fiscal components of the County, the grant recipient, and the Administrative Office of the Courts (AOC), the grant's implementation agency to discuss grant operations, compliance and fiscal matters.
2. Meetings to maintain communication, collaboration and partnerships among all relevant stakeholders, including the Social Security Administration (SSA), Criminal Mental Health Jail Diversion Program, Public Defenders Office, Administrative Office of the Court (AOC), Mental Health Administrators Office, Miami-Dade Department of Corrections and Rehabilitation, and the South Florida Behavioral Health Network.
3. Meetings with community providers to ensure collaboration with the program. Continuous discussions regarding the necessity to collect medical records to document SSA application.

4. During the last year of the grant, meetings with the South Florida Behavioral Health Network and other pertinent stakeholders to discuss program continuation beyond the conclusion of the grant period in June 2014.

b. Planning Council

Throughout the grant, the composition of the grant's Planning Council has been consistent with the grant requirements, as stated in the RFA. These include the following members:

- State Attorney/Designee: Honorable Katherine Fernandez Rundell; Ms. Joanna Sandstrom
- Public Defender/Designee: Honorable Carlos Martinez; Mr. Paul Kaminsky
- Circuit Court Judge: Honorable Nushin Sayfie
- County Court Judge: Honorable Steve Leifman
- Police Chief/Designee: Director J.D. Patterson; Ms. Susan Windmiller
- State Probation Circuit Administrator: Ms. Tammy Marcus
- County Commissioner Chair: Honorable Rebecca Sosa
- Local Court Administrator: Ms. Sandy Lonergan; Mr. Paul Indelicato; Ms. Jennie Rundell
- County Director of Probation: Dr. David McGriff, The Advocate Program
- Local Substance Abuse Treatment Director: Mr. John Dow, South Florida Behavioral Health Network
- DCF-Substance Abuse Program: Ms. Kate Prendeville
- Primary Consumer of Substance Abuse Services: Ms. Sandra McQueen-Baker
- Area Homeless Program Representative: Ms. Hilda Fernandez
- DJJ-Director of Detention Facility: Dr. Gladys Negron-Soto
- DJJ-Chief of Probation Officer: Ms. Terria Flakes

A total of three Planning Council meetings were held. The final grant Planning Council meeting was held on June 2, 2014 and focused on the ongoing operations of the grant program beyond the grant life.

c. Develop Reports Summarizing Program Activities

Processes to ensure and streamline the compilation of information for the reporting requirements were handled during the various stakeholder meetings. This format was used to discuss ways and means of improving the appropriate exchange of relevant information for program enhancement.

Goal #2:
Protect public safety.

Status of Goal #2:
a. Implement Consolidated Access to Entitlement Benefits
Throughout the length of the grant, nearly all grant-funded positions were filled. When a vacancy did arise, efforts were made to find a viable candidate and fill the vacancy as soon as possible. At the close of the grant period, all grant-funded positions were filled.

Staff utilized the SOAR OAT data collection system to ensure documentation of outcomes, as well as the HMIS Service Point system. A summary of the SOAR OAT data for the period 4/1/14 to 6/30/14 is provided as an attachment to this report. Additional staff training on the data collection system has been provided on an ongoing basis, as necessary.

b. Collaborate with Community Treatment Providers to Develop Effective Diversion and Treatment Plans
This has been an ongoing process for the staff of the Criminal Mental Health Project. Although there has been a long-standing relationship with many community providers, additional resources have been continuously identified and partnerships, where possible, have been established.

As mentioned above, meetings were held with community providers to market the program and ensure collaboration. These meetings also provided the opportunity to discuss the necessity to collect medical records to document SSA application with providers.

Throughout the grant period, staff:

- Compiled evaluation data and submitted to the program evaluators;
- Met with staff from the South Florida Behavioral Health Network to discuss, develop and expand SOAR initiative in Miami-Dade and Monroe Counties; and
- Staff periodically provided SOAR training and technical assistance to other jurisdictions and program areas. The latest training, in June 2014, was conducted in Monroe County, Florida.

c. Assist Program Participants in Accessing Entitlement Benefits
Grant life statistics are presented in Section 2 of this report. However, since the last formal reporting period (10/1/13 to 3/31/14), for the period of 4/1/14 to 6/30/14:

- 42 referrals to the program were received; these referrals have either been screened or are in the process of being screened (since program operations are continuing beyond the grant period)
- 19 SSA applications were completed and submitted
- 19 SSA applications were approved
- 2 applications were submitted for "reconsideration"

- 1 was approved
- 1 was denied

- 25 applications are pending decision

These figures indicate a 100% approval rate for initial SSA applications for the two-month period.

The average time from application to approval is 21 days. This information is also presented in the attached SOAR OAT report for the time period.

d. Assist Program Participants in Accessing Treatment and Support Services
All grant program participants were provided treatment and supportive services from community-based mental health and substance use providers pursuant to their referral to the program.

e. Identify Needs, Strengths and Risk Factors for Program Participants
The Short-Term Assessment of Risk & Treatability (START) Assessment Tool was selected and was used as the instrument to assist staff in identifying the needs, strengths and risk factors of all program participants in the Eleventh Judicial Criminal Mental Health Project (misdemeanor, felony and CJMHSA Reinvestment Expansion Grant program participants).

Goal #3:
Effectively divert and treat people with mental illness or co-occurring disorders who are at-risk of entering or already involved in the criminal justice system.

Status of Goal #3:
Throughout the grant period, staff implemented the referral procedures for eligible program participants, as established by the community partners as well as the Miami-Dade Corrections and Rehabilitation Department.

Goal #4:
Avert increased spending on criminal justice.

Status of Goal #4: Program implementation is expected to avert criminal justice expenses.

The target population identified for the project was individuals who have a primary diagnosis of a SMI and involved in the criminal justice system. Involvement in the criminal justice system included individuals that were sentenced and participating in re-entry services provided by MDCR, and individuals that were eligible for participation in one of the jail diversion programs operated by the CMHP. Unfortunately, barriers were encountered for the sentenced population that was targeted to receive proposed services.

The primary barriers were: identification of eligible candidates by Correctional Counselors; and obtaining necessary medical documentation to establish eligibility criteria for SSA entitlement benefits for those identified. This resulted in a lower number of sentenced individuals as grant participants than initially expected. However, to compensate for the loss of this subgroup and ensure sufficient participation, the target population was expanded to serve individuals that met SSA eligibility criteria from other criminal justice stakeholders, i.e., referrals have been accepted from the State Attorney, Public Defender, and forensic case managers.

Goal #5:
Avert increased spending on F.S. 916 Forensic Beds.

Status of Goal #5: Program staff met with the Miami-Dade Forensic Alternative Center and the local forensic team to discuss the program and develop collaboration to receive referrals.

Section 2. Outcomes
Reports regarding program outcomes were developed and formatted and are being utilized by contracted program evaluation staff working with the Florida Mental Health Institute at the University of South Florida. Evaluation staff have been collaborating with grant staff and compiling information since early in the grant's implementation. Evaluation processes continue beyond the grant life.

A nearly 85% approval success rate was achieved in the SSA applications completed by staff and submitted for approval. In addition to this exceptional success rate in the principal and immediate program objective, below are additional program statistics related to the population served. These statistics reflect all participant and program data from the inception of the program through March 31, 2014.

Participant Profile (n=395):

- The majority of program participants were male (76.5%)
- Average age at referral was 36.1 (SD = 12.8); the youngest participant was 18 years old and the oldest was 77 years old
- Roughly equal numbers of program participants were White (48.7%) and Black 49.5%)
- The majority of program participants had a qualifying diagnosis of psychosis or schizophrenia spectrum disorder, accounting for 60.5% of all referrals
- Bipolar disorders were the second most common qualifying diagnosis, accounting for 22.3% of all referrals
- Depressive and other mood disorders accounted for 14.2% of referrals

SOAR Application Outcomes:

- The majority of program referrals (n=266, 67.4%) met eligibility criteria and had SOAR application submitted

- 20.1% of program referrals (n=80) were found to be ineligible for apply for benefits
- 7.3% of program referrals (n=29) withdrew or refused to participate
- 5.1% of program referrals (n=20) had applications pending
- The average time between referral and application was 53.85 days (SD = 44.0) for 247 referrals; the maximum time between referral and application was 289 days and the minimum time was 0 days
- The average time between application and disposition was 36.17 days (SD = 41.9) for 239 referrals; the maximum time between application and disposition was 488 days* and the minimum time was 0 days (*Note – this maximum period is longer than the maximum time between referral and disposition because some clients had already applied for benefits prior to referral to the SOAR program)
- Of individuals with SOAR application submitted, 82.0% (n=218) received benefits and 18.0% (n=48) were denied

Criminal Justice Outcomes:

- Average number of jail bookings during the year prior to program referral was 2.3 (SD = 3.0) compared to 0.8 (SD = 1.2) bookings during the year following program referral

- Average number of jail bookings during the two years prior to program referral was 3.8 (SD = 5.0) compared to 1.3 (SD = 2.2) bookings during the two years following program referral

- All referrals (regardless of case disposition) experienced significant decreases in jail bookings from one year prior to referral to one year following referral, $t(255) = 6.8$, $p < .001$

Finally, despite the termination of the grant, the evaluation team continues to collect and analyze data regarding lengths of and associated costs for jail admissions, and pre- and post-program rates of service utilization and treatment costs among program participants approved for benefits compared to those who were ineligible or denied benefits.

Section 3. Technical Assistance (if applicable)

Not Applicable

Section 4. Profile of Client Interventions

Throughout the grant, the following interventions were used:

1. All program participants screened for program eligibility.
2. All program participants assessed utilizing the START assessment tool.
3. Program participants assisted with the SSA application process.

4. Eligible candidates interviewed to collect information regarding Social Security entitlements including signing all necessary documents and consents.
5. Program staff collected medical documentation to substantiate the SSA application.
6. Program participants were linked to community-based treatment and supportive services, as necessary.

"Jo Ann M. – A Success Story"

Jo Ann M. was referred to the SOAR Team by the Mitigation Specialist Unit of the Public Defender's Office in April 2014. Jo Ann was in jail receiving medication for Major Depressive Disorder and chemotherapy for Breast Cancer. The SOAR Team started working on the social security application while Jo Ann was still incarcerated. After spending 11 months in jail, she was released to the community in June. Jo Ann resided with her mother because she needed ongoing support and assistance with her medical care. Once she was re-entered the community, she struggled to receive the necessary mental health services. Thankfully, she was able to continue her chemotherapy with Jackson Memorial Hospital, however, an appointment to see a psychiatrist was not as easy. Jo Ann had no health insurance and was unable to pay for psychiatric treatment and medication. By August, Jo Ann was approved for SSI benefits and Medicaid. It was a tremendous relief to know that she would be able to access and afford healthcare. Jo Ann continues to live with her mother, and is able to see her doctors as necessary so

Also, please find attached articles citing our program.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

SOAR

SSI/SSDI Outreach, Access and Recovery
for people who are homeless

January 2013

Best Practices for Increasing Access to SSI/SSDI upon Exiting Criminal Justice Settings

Dazara Ware, M.P.C. and Deborah Dennis, M.A.

Introduction

Seventeen percent of people currently incarcerated in local jails and in state and federal prisons are estimated to have a serious mental illness.[1] The twin stigmas of justice involvement and mental illness present significant challenges for social service staff charged with helping people who are incarcerated plan for reentry to community life. Upon release, the lack of treatment and resources, inability to work, and few options for housing mean that many quickly become homeless and recidivism is likely.

The Social Security Administration (SSA), through its Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, can provide income and other benefits to persons with mental illness who are reentering the community from jails and prisons. The SSI/SSDI Outreach, Access and Recovery program (SOAR), a project funded by the Substance Abuse and Mental Health Services Administration, is a national technical assistance program that helps people who are homeless or at risk for homelessness to access SSA disability benefits.[2]

SOAR training can help local corrections and community transition staff negotiate and integrate benefit options with community reentry strategies for people with mental illness and co-occurring disorders to assure successful outcomes. This best practices summary describes:

- The connections between mental illness, homelessness, and incarceration;
- The ramifications of incarceration on receipt of SSI and SSDI benefits
- The role of SOAR in transition planning
- Examples of jail or prison SOAR initiatives to increase access to SSI/SSDI
- Best practices for increasing access to SSI/SSDI benefits for people with mental illness who are reentering the community from jails and prisons.

Mental Illness, Homelessness, and Incarceration

In 2010, there were more than 7 million persons under correctional supervision in the United States at any given time.[3] Each year an estimated 725,000 persons are released from federal and state prisons, 125,000 with serious mental illness.[4] More than 20 percent of people with mental illness were homeless in the months before their incarceration compared

[1] Bureau of Justice Statistics. (2006). *Mental health problems of prison and jail inmates.* Washington, DC: U.S. Department of Justice, Office of Justice Programs

[2] Dennis, D., Lassiter, M., Connelly, W., & Lupfer, K. (2011) Helping adults who are homeless gain disability benefits: The SSI/SSDI Outreach, Access and Recovery (SOAR) program. *Psychiatric Services,* 62(11)1373-1376

[3] Guerino, P.M. Harrison & W. Sabel. *Prisoners in 2010.* NCJ 236096. Washington DC: U.S. Department of Justice, Bureau of Justice Statistics, 2011.

[4] Glaze, L. *Correctional populations in the U.S. 2010,* NCJ 236319. Washington D.C.: U.S. Department of Justice, Bureau of Justice Statistics 2011

with 10 percent of the general prison population.[5] For those exiting the criminal justice system, homelessness may be even more prevalent. A California study, for example, found that 30 to 50 percent of people on parole in San Francisco and Los Angeles were homeless.[6]

Mental Health America reports that half of people with mental illness are incarcerated for committing nonviolent crimes, such as trespassing, disorderly conduct, and other minor offences resulting from symptoms of untreated mental illness. In general, people with mental illnesses remain in jail eight times longer than other offenders at a cost that is seven times higher.[7] At least three-quarters of incarcerated individuals with mental illness have a co-occurring substance use disorder.[8]

Homelessness, mental illness, and criminal justice involvement create a perfect storm, requiring concerted effort across multiple systems to prevent people with mental illness from cycling between homelessness and incarceration by providing them the opportunity to reintegrate successfully into their communities and pursue recovery.

To understand the interplay among mental illness, homelessness, and incarceration, consider these examples:

- In 2011 Sandra received SSI based on her mental illness. She was on probation, with three years remaining, when she violated the terms of probation by failing to report to her probation officer. As a result, Sandra was incarcerated in a state prison. Because she was incarcerated for more than 12 months, her benefits were terminated. Sandra received a tentative parole month of September 2012 contingent on her ability to establish a verifiable residential address. The parole board did not approve the family address she submitted because the location is considered a high crime area. Unfortunately, Sandra was unable to establish residency on her own as she had no income. Thus, she missed her opportunity for parole and must complete her maximum sentence. Sandra is scheduled for release in 2013.
- Sam was released from prison after serving four years. While incarcerated, he was diagnosed with a traumatic brain injury and depression. Sam had served his full sentence and was not required to report to probation or parole upon release. He was released with $25 and the phone number for a community mental health provider. Sam is 27 years old with a ninth grade education and no prior work history. He has no family support. Within two weeks of release, Sam was arrested for sleeping in an abandoned building. He was intoxicated and told the arresting officer that drinking helped the headaches he has suffered from since he was 14 years old. Sam was sent to jail.
- Manuel was arrested for stealing from a local grocery store. He was homeless at the time of arrest and had a diagnosis of schizophrenia. He was not receiving any community mental health services at the time. Manuel has no family. He was sent to a large county jail where he spent two years before being arraigned before a judge. His periodic acute symptoms resulted in his being taken to the state hospital until he was deemed stable enough to stand trial. However, the medications that helped Manuel's symptoms in the hospital weren't approved for use in the jail, and more acute episodes followed. Manuel cycled between the county jail and the state hospital four times over a two-year period before being able to stand before a judge.

Based on real life situations, these examples illustrate the complex needs of people with serious mental illnesses who become involved with the justice system. In Sandra's and Sam's cases, the opportunity to apply for SSI/SSDI benefits on a pre-release basis would have substantially reduced the period of incarceration, and in Manuel's case, access to SSI immediately upon release would have decreased the likelihood he would return to jail. But how do we ensure that this happens?

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[5] *Reentry Facts.* The National Reentry Resource Center. Council of State Governments Justice Center. Retrieved December 6, 2012, from http://www.nationalreentryresourcecenter.org/facts

[6] California Department of Corrections. (1997). *Preventing Parolee Failure Program: An evaluation.* Sacramento: Author.

[7] Mental Health America. (2008). *Position Statement 52: In support of maximum diversion of persons with serious mental illness from the criminal justice system.* Retrieved from http://www.mentalhealthamerica.net.

[8] Council of State Governments. (2002). *Criminal Justice/Mental Health Consensus Project.* Lexington, Kentucky: author.

Incarceration and SSA Disability Benefits

Correctional facilities, whether jails or prisons, are required to report to SSA newly incarcerated people who prior to incarceration received benefits. For each person reported, SSA sends a letter to the facility verifying the person's benefits have been suspended and specifying the payment to which the facility is entitled for providing this information. SSA pays $400 for each person reported by the correctional facility within 60 days. If a report is made between 60 and 90 days of incarceration, SSA pays $200. After 90 days, no payment is made.

The rules for SSI and SSDI beneficiaries who are incarcerated differ. Benefits for SSI recipients incarcerated for a full calendar month are suspended, but if the person is released within 12 months, SSI is reinstated upon release if proof of incarceration and a release are submitted to the local SSA office. SSA reviews the individual's new living arrangements, and if deemed appropriate, SSI is reinstated. However, if an SSI recipient is incarcerated for 12 or more months, SSI benefits are terminated and the individual must reapply. Reapplication can be made 30 days prior to the expected release date, but benefits cannot begin until release.

Unfortunately, people who are newly released often wait months before their benefits are reinstituted or initiated. Few states or communities have developed legislation or policy to insure prompt availability of benefits upon release. Consequently, the approximately 125,000 people with mental illness who are released each year are at increased risk for experiencing symptoms of mental illness, substance abuse, homelessness, and recidivism.

SSDI recipients are eligible to continue receiving benefits until convicted of a criminal offense and confined to a penal institution for more than 30 continuous days. At that time, SSDI benefits are suspended but will be reinstated the month following release.

Role of Transition Services in Reentry for People with Mental Illness

Since the 1990s, the courts have increasingly acknowledged that helping people improve their mental health and their ability to demonstrate safe and orderly behaviors while they are incarcerated enhances their reintegration and the well-being of the communities that receive them. Courts specializing in the needs of people with mental illness and or substance use disorders, people experiencing homelessness, and veterans are designed to target the most appropriate procedures and service referrals to these individuals, who may belong to more than one subgroup. The specialized courts and other jail diversion programs prompt staff of various systems to consider reintegration strategies for people with mental illness from the outset of their criminal justice system involvement. Transition and reintegration services for people with mental illness reflect the shared responsibilities of multiple systems to insure continuity of care.

Providing transition services to people with mental illness within a jail or prison setting is difficult for several reasons: the quick population turnover in jails, the distance between facilities and home communities for people in prisons, the comprehensive array of services needed to address multiple needs, and the perception that people with mental illness are not responsive to services. Nevertheless, without seriously addressing transition and reintegration issues while offenders remain incarcerated, positive outcomes are far less likely upon release and recidivism is more likely.

Access to Benefits as an Essential Strategy for Reentry

The criminal justice and behavioral health communities consistently identify lack of timely access to income and other benefits, including health insurance, as among the most significant and persistent barriers to successful community reintegration and recovery for people with serious mental illnesses and co-occurring substance use disorders.

Many states and communities that have worked to ensure immediate access to benefits upon release have focused almost exclusively on Medicaid. Although access to Medicaid is critically important, focusing on this alone often means that needs for basic sustenance and housing are ignored. Only a few states (Oregon, Illinois, New York, Florida) provide for Medicaid to be suspended upon incarceration rather than terminated, and few states or communities have developed procedures to process new Medicaid applications prior to release.

The SOAR approach to improving access to SSI/SSDI. The SSI/SSDI application process is complicated and difficult to navigate, sometimes even for professional social service staff. The SOAR approach in correctional settings is a collaborative effort by corrections, behavioral health, and SSA to address the need for assistance to apply for these benefits. On average, providers who receive SOAR training achieve a first-time approval rate of 71 percent, while providers who are not SOAR trained or individuals who apply unassisted achieve a rate of 10 to 15 percent.[9] SOAR-trained staff learn how to prepare comprehensive, accurate SSI/SSDI applications that are more likely to be approved, and approved quickly.

SOAR training is available in every state. The SOAR Technical Assistance Center, funded by SAMHSA, facilitates partnerships with community service providers to share information, acquire pre-incarceration medical records, and translate prison functioning into post-release work potential. With SOAR training, social service staff learn new observation techniques to uncover information critical to developing appropriate reentry strategies. The more accurate the assessment of factors indicating an individual's ability to function upon release, the easier it is to help that person transition successfully from incarceration to community living.

The positive outcomes produced by SOAR pilot projects within jail and prison settings around the country that link people with mental illness to benefits upon their release should provide impetus for more correctional facilities to consider using this approach as a foundation for building successful transition or reentry programs.[10] Below are examples of SOAR collaborations in jails (Florida, Georgia, and New Jersey) and prison systems (New York, Oklahoma, and Michigan). In addition to those described below, new SOAR initiatives are underway in the jail system of Reno, Nevada and in the prison systems of Tennessee, Colorado, Connecticut, and the Federal Bureau of Prisons.

SOAR Collaborations with Jails

Eleventh Judicial Circuit Criminal Mental Health Project (CMHP). Miami-Dade County, Florida, is home to the highest percentage of people with serious mental illnesses of any urban area in the United States – approximately nine percent of the population, or 210,000 people. CMHP was established in 2000 to divert individuals with serious mental illnesses or co-occurring substance use disorders from the criminal justice system into comprehensive community-based treatment and support services. CMHP staff, trained in the SOAR approach to assist with SSI/SSDI applications, developed a strong collaborative relationship with SSA to expedite and ensure approvals for entitlement benefits in the shortest time possible. All CMHP participants are screened for eligibility for SSI/SSDI.

From July 2008 through November 2012, 91 percent of 181 individuals were approved for SSI/SSDI benefits on initial application in an average of 45 days. All participants of CMHP are linked to psychiatric treatment and medication with community providers upon release from jail. Community providers are made aware that participants who are approved for SSI benefits will have access to Medicaid and retroactive reimbursement for expenses incurred for up to 90 days prior to approval. This serves to reduce the stigma of mental illness and involvement with the criminal justice system, making participants more attractive "paying customers."

In addition, based on an agreement established between Miami-Dade County and SSA, interim housing assistance is provided for individuals applying for SSI/SSDI during the period between application and

[9] Dennis et al., (2011). *op cit.*

[10] Dennis, D. & Abreu, D. (2010) SOAR: Access to benefits enables successful reentry, *Corrections Today, 72*(2), 82–85.

approval. This assistance is reimbursed to the County once participants are approved for Social Security benefits and receive retroactive payment. The number of arrests two years after receipt of benefits and housing compared to two years earlier was reduced by 70 percent (57 versus 17 arrests).

Mercer and Bergen County Correctional Centers, New Jersey. In 2011, with SOAR training and technical assistance funded by The Nicholson Foundation, two counties in New Jersey piloted the use of SOAR to increase access to SSI/SSDI for persons with disabilities soon to be released from jail. In each county, a collaborative working group comprising representatives from the correctional center, community behavioral health, SSA, the state Disability Determination Service (DDS), and (in Mercer County only) the United Way met monthly to develop, implement, and monitor a process for screening individuals in jail or recently released and assisting those found potentially eligible in applying for SSI/SSDI. The community behavioral health agency staff, who were provided access to inmates while incarcerated and to jail medical records, assisted with applications.

During the one year evaluation period for Mercer County, 89 individuals from Mercer County Correction Center were screened and 35 (39 percent) of these were deemed potentially eligible for SSI/SSDI. For Bergen County, 69 individuals were screened, and 39 (57 percent) were deemed potentially eligible. The reasons given for not helping some potentially eligible individuals file applications included not enough staff available to assist with application, potential applicant discharged from jail and disappeared/couldn't locate, potential applicant returned to prison/jail, and potential applicant moved out of the county or state. In Mercer County, 12 out of 16 (75 percent) SSI/SSDI applications were approved on initial application; two of those initially denied were reversed at the reconsideration level without appeal before a judge. In Bergen County which had a late start, two out of three former inmates assisted were approved for SSI/SSDI.

Prior to this pilot project, neither behavioral health care provider involved had assisted with SSI/SSDI applications for persons re-entering the community from the county jail. After participating in the pilot project, both agencies remain committed to continuing such assistance despite the difficulty of budgeting staff time for these activities.

Fulton County Jail, Georgia. In June 2009, the Georgia Department of Behavioral Health and Developmental Disabilities initiated a SOAR pilot project at the Fulton County Jail. With the support of the facility's chief jailer, SOAR staff were issued official jail identification cards that allowed full and unaccompanied access to potential applicants. SOAR staff worked with the Office of the Public Defender and received referrals from social workers in this office. They interviewed eligible applicants at the jail, completed SSI/SSDI applications, and hand-delivered them to the local SSA field office. Of 23 applications submitted, 16 (70 percent) were approved within an average of 114 days.

SOAR benefits specialists approached the Georgia Department of Corrections with outcome data produced in the Fulton County Jail pilot project to encourage them to use SOAR in the state prison system for persons with mental illness who were coming up for release. Thirty-three correctional officers around the state received SOAR training and were subsequently assigned by the Department to work on SSI/SSDI applications.

SOAR Collaborations with State and Federal Prisons

New York's Sing Sing Correctional Facility. The Center for Urban and Community Services was funded by the New York State Office of Mental Health, using a Projects for Assistance in Transition from Homelessness (PATH) grant, to assist with applications for SSI/SSDI and other benefits for participants in a 90-day reentry program for persons with mental illness released from New York State prisons. After receiving SOAR training and within five years of operation, the Center's Community Orientation and Reentry Program at the state's Sing Sing Correctional Facility achieved an approval rate of 87 percent on 183 initial applications, two thirds of which were approved prior to or within one month of release.

Oklahoma Department of Corrections. The Oklahoma Department of Corrections and the Oklahoma Department of Mental Health collaborated

to initiate submission of SSI/SSDI applications using SOAR-trained staff. Approval rates for initial submission applications are about 90 percent. The Oklahoma SOAR program also uses peer specialists to assist with SSI/SSDI applications for persons exiting the prison system. Returns to prison within 3 years were 41 percent lower for those approved for SSI/SSDI than a comparison group.

Michigan Department of Corrections. In 2007 the Michigan Department of Corrections (DOC) began to discuss implementing SOAR as a pilot in a region where the majority of prisoners with mental illnesses are housed. A subcommittee of the SOAR State Planning Group was formed and continues to meet monthly to address challenges specific to this population. In January 2009, 25 DOC staff from eight facilities, facility administration, and prisoner reentry staff attended a two-day SOAR training. The subcommittee has worked diligently to develop a process to address issues such as release into the community before a decision is made by SSA, the optimal time to initiate the application process, and collaboration with local SSA and DDS offices.

Since 2007, DOC has received 72 decisions on SSI/SSDI applications with a 60 percent approval rate in an average of 105 days. Thirty-nine percent of applications were submitted after the prisoner was released, and 76 percent of the decisions were received after the applicant's release. Seventeen percent of those who were denied were re-incarcerated within the year following release while only two percent of those who were approved were re-incarcerated.

Park Center's Facility In-Reach Program. Park Center is a community mental health center in Nashville, Tennessee. In July 2010, staff began assisting with SSI/SSDI applications for people with mental illness in the Jefferson County Jail and several facilities administered by the Tennessee Department of Corrections, including the Lois M. DeBerry Special Needs Prison and the Tennessee Prison for Woman. From July 2010 through November 2012, 100 percent of 44 applications have been were approved in a average of 41 days. In most cases, Park Center's staff assisted with SSI/SSDI applications on location in these facilities prior to release. Upon release, the individual is accompanied by Park Center staff to the local SSA office where their release status is verified and their SSI/SSDI benefits are initiated.

Best Practices for Accessing SSI/SSDI as an Essential Reentry Strategy

The terms jail and prison are sometimes used interchangeably, but it is important to understand the distinctions between the two. Generally, a jail is a local facility in a county or city that confines adults for a year or less. Prisons are administered by the state or federal government and house persons convicted and sentenced to serve time for a year or longer.

Discharge from both jails and prisons can be unpredictable, depending on a myriad of factors that may be difficult to know in advance. Working with jails is further complicated by that fact that they generally house four populations: (1) people on a 24-48 hour hold, (2) those awaiting trial, (3) those sentenced and serving time in jail, and (4) those sentenced and awaiting transfer to another facility, such as a state prison.

Over the past several years, the following best practices have emerged with respect to implementing SOAR in correctional settings. These best practices are in addition to the critical components required by the SOAR model for assisting with SSI/SSDI applications.[11] These best practices fall under five general themes:

- Collaboration
- Leadership
- Resources
- Commitment
- Training

Collaboration. The SOAR approach emphasizes collaborative efforts to help staff and their clients navigate SSA and other supports available to people with mental illness upon their release. Multiple collaborations are necessary to make the SSI/SSDI application process work. Fortunately, these are the same collaborations necessary to make the overall transition work. Thus, access to SSI/SSDI can become

[11] See http://www.prainc.com/soar/criticalcomponents.

a concrete foundation upon which to build the facility's overall discharge planning or reentry process.

- **Identify stakeholders.** Potential stakeholders associated with jail/prisons include
  - ✓ Judges assigned to specialized courts and diversion programs
  - ✓ Social workers assigned to the public defenders' office
  - ✓ Chief jailers or chiefs of security
  - ✓ Jail mental health officer, psychologist, or psychiatrist
  - ✓ County or city commissioners
  - ✓ Local reentry advocacy project leaders
  - ✓ Commissioner of state department of corrections
  - ✓ State director of reintegration/reentry services
  - ✓ Director of medical or mental health services for state department of corrections
  - ✓ State mental health agency administrator
  - ✓ Community reentry project directors
  - ✓ Parole/probation managers

- **Collaborate with SSA to establish prerelease agreements.** SSA can establish prerelease agreements with correctional facilities to permit special procedures when people apply for benefits prior to their release and will often assign a contact person. For example, prerelease agreements can be negotiated to allow for applications to be submitted from 60 to 120 days before the applicant's expected release date. In addition, SSA can make arrangements to accept paper applications and schedule phone interviews when necessary.

- **Collaborate with local SOAR providers to establish continuity of care.** Given the unpredictability of release dates from jails and prisons, it is important to engage a community-based behavioral health provider to either begin the SSI/SSDI application process while the person is incarcerated or to assist with the individual's reentry and assume responsibility for completing his or her SSI/SSDI application following release. SOAR training can help local corrections and community transition staff assure continuity of care by determining and coordinating benefit options and reintegration strategies for people with mental illness. Collaboration among service providers, including supported housing programs that offer a variety of services, is key to assuring both continuity of care and best overall outcomes post-release.

- **Collaborate with jail or prison system for referrals, access to inmates, and medical records.** Referrals for a jail or prison SOAR project can issue from many sources – intake staff, discharge planners, medical or psychiatric unit staff, judges, public defenders, parole or probation, and community providers. Identifying persons within the jail or prison who may be eligible for SSI/SSDI requires time, effort, and collaboration on the part of the jail or prison corrections and medical staff.

Once individuals are identified as needing assistance with an SSI/SSDI application, they can be assisted by staff in the jail or prison, with a handoff occurring upon release, or they can be assisted by community providers who come into the facility for this purpose. Often, correctional staff, medical or psychiatric staff, and medical records are administered separately and collaborations must be established within the facility as well as with systems outside it.

Leadership. Starting an SSI/SSDI initiative as part of transition planning requires leadership in the form of a steering committee, with a strong and effective coordinator, that meets regularly. The Mercer County, New Jersey SOAR Coordinator, for example, resolves issues around SSI/SSDI applications that are brought up at case manager meetings, oversees the quality of applications submitted, organizes trainings, and responds to concerns raised by SSA and DDS.

The case manager meetings are attended by the steering committee coordinator who serves as a liaison between the case managers and steering committee. Issues identified by case managers typically require additional collaborations that must be approved at the steering committee level. Leadership involves frequent, regular, and ad hoc communication among all parties to identify and resolve challenges that arise.

It is essential that the steering committee include someone who has authority within the jail or prison system as well as someone with a clinical background who can assure that the clinical aspects of implementation are accomplished (e.g., mental status

exams with 90 days of application, access to records, physician or psychologist sign off on medical summary reports).

Resources. Successful initiatives have committed resources for staffing at two levels. First, staff time is needed to coordinate the overall effort. In the Mercer County example above, the steering committee coordinator is a paid, part-time position. If there is someone charged with overall transition planning for the facility, the activities associated with implementing assistance with SSI/SSDI may be assumed by this individual.

Second, the staff who are assisting with SSI/SSDI applications need to be trained (typically 1-2 days) and have time to interview and assess the applicant, gather and organize the applicant's medical records, complete the SSA forms, and write a supporting letter that documents how the individual's disability or disabilities affect his or her ability to work. Full-time staff working only on SSI/SSDI applications can be expected to complete about 50-60 applications per year using the SOAR approach. Assisting with SSI/SSDI applications cannot be done efficiently without dedicated staffing.

Finally, our experience has shown that it is difficult for jail staff to assist with applications in the jail due to competing demands, staffing levels, skill levels of the staff involved, and staff turnover. Without community providers, there would be few or no applications completed for persons coming out of jails in the programs with which we have worked. Jail staff time may be best reserved for: (1) identifying and referring individuals who may need assistance to community providers; (2) facilitating community provider access to inmates prior to release from jail; and (3) assistance with access to jail medical records.

Commitment. Developing and implementing an initiative to access SSI/SSDI as part of transition planning requires a commitment by the jail or prison's administration for a period of at least a year to see results and at least two years to see a fully functioning program. During the start up and early implementation period, competing priorities can often derail the best intentions. We have seen commitment wane as new administrations took office and the department of corrections commissioner changed. We have seen staff struggle without success to find time to assist with applications as part of the job they are already doing. We have seen many facilities, particularly state departments of corrections, willing to conduct training for staff, but unwilling or unable to follow through on the rest of what it takes to assist with SSI/SSDI applications.

Training. Training for staff in jails and prisons should include staff who identify and refer people for assistance with SSI/SSDI applications, staff who assist with completing the applications, medical records staff, and physicians/psychologists. The depth and length of training for each of these groups will vary. However, without the other elements discussed above in place, training is of very limited value.

Training in the SOAR approach for jail and prison staff has been modified to address the assessment and documentation of functioning in correctional settings. Training must cover the specific referral and application submission process established by the steering group in collaboration with SSA and DDS to ensure that applications submitted are consistent with expectations, procedures are subject to quality review, and outcomes of applications are tracked and reported. It is important that training take place after plans to incorporate each of these elements have been determined by the steering committee.

Conclusion

People with mental illness face extraordinary barriers to successful reentry. Without access to benefits, they lack the funds to pay for essential mental health and related services as well as housing. The SOAR approach has been implemented in 50 states, and programmatic evidence demonstrates the approach is transferable to correctional settings. Acquiring SSA disability benefits and the accompanying Medicaid/Medicare benefit provides the foundation for reentry plans to succeed.

For More Information

To find out more about SOAR in your state or to start SOAR in your community, contact the national SOAR technical assistance team at soar@prainc.com or check out the SOAR website at http://www.prainc.com/soar.

COMMUNITY NEWS

Defendants With Mental Illness Diverted to Social Security System

Social Security disability benefits ease the way back into the community for defendants and prisoners with mental illness in Miami.

BY AARON LEVIN

Court officials in Miami have expanded a federal support program for homeless people with disabilities to help those with mental illness who are involved with the criminal justice system return successfully to the community.

The use of the SSI/SSDI Outreach, Access, and Recovery (SOAR) program is appropriate because many people with mental illness who are in jail facing charges or are to be released from prisons are likely to become homeless without some initial support.

"SOAR is a tool for people to move toward recovery," said Cindy Schwartz, M.S., M.B.A., who runs the Miami SOAR program, in an interview with *Psychiatric News*. "You can't move ahead without a roof over your head and some money in your pocket."

Nationally, only 29 percent of first-time applicants are granted Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), but 65 percent of SOAR-assisted initial applications nationwide are approved within 100 days, according to information covering 2006 to 2013 from the Substance Abuse and Mental Health Services Administration (SAMHSA), which funds technical assistance for the program.

Aaron Levin

Cindy Schwartz, M.S., and Judge Steven Leifman meet in Leifman's chambers in Miami.

The Miami SOAR program does even better, however, racking up a 94 percent record of approvals in an average of 27 days, in part because it is integrated with the Eleventh Judicial Circuit Mental Health Project (CMHP) in Miami-Dade County. Since 2000, the project has diverted people with serious mental illness from the criminal justice system to community-based treatment and other services.

"Miami's success comes from a dedicated staff who follow through from beginning to end," said Dazara Ware, M.P.C., a senior project associate at the SAMHSA SOAR Technical Assistance Center, run by Policy Research Associates in Delmar, N.Y., which trains SOAR workers. "They are a model for all localities."

In the Miami program, all incoming misdemeanor or felony candidates for diversion are screened for eligibility for federal entitlement benefits. Project staff members then help those who are eligible gather and present needed documentation.

"Once I spoke with the head of the Social Security Administration office in Miami, we were able to collaborate closely," said CMHP founder Steven Leifman, J.D., the Eleventh Circuit's associate administrative judge and a member of the board of the American Psychiatric Foundation (*Psychiatric News*, March 7).

Over the last three years, the program has screened 445 people of whom 220 were eligible and 207 were approved, said Schwartz.

More recently, SOAR has been expanded to include people reentering the community after they finish their jail sentences.

Psychiatrists and doctoral-level psychologists play an important role in the process, said Schwartz. "We need clear, well-documented information about the patient's diagnosis," she said. "That includes the illness, symptoms, medications, and prognosis."

Once the patient is approved for benefits by the Social Security Administration, the evaluating doctor can bill for services rendered as much as three months prior to the application date, she said.

"Our goal is to do [the applications process] right the first time," she said. "We may ask them to drop their own

see Defendants on page 30

Miami

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the National Superintendent of the Year by the American Association of School Administrators in February.

The program originated as a collaborative pilot program in Denver involving the foundation and the Colorado Psychiatric Society following the 1999 Columbine High School shooting in that state.

"Overall, it's been well received in Miami," said Ava Goldman, M.Ed., administrative director of exceptional student education and student support in the Miami-Dade system. "The goal is helping our staff people to know when and how to get help for students."

The target audience extends beyond classroom teachers to include custodians, bus drivers, cafeteria workers, and clerical personnel, she said. In mid-March, two students selected from each school began a one-year training course to learn the same principles. Next year, the school system will begin including parents in the program.

Aaron Levin

The American Psychiatric Foundation's "Typical or Troubled?" program can help teachers and students overcome the myths and stigma around mental illness, said Miami-Dade County Public Schools Superintendent Alberto Carvalho. "This is one world, and we ought to be compassionate, smart, accepting, and sensitive."

"We will have a counseling team in each school to work on risk assessment," said Goldman. "They will see if the student's issues can be managed with resources within the school or if referral to system counselors is needed."

Adoption of "Typical or Troubled?" by a district the size of Miami-Dade, with its 350,000 students in 450 schools, marked a major step for the program. Previously, the largest system to incorporate the program was Albuquerque, N.M, with 93 schools. Overall, the program has been implemented in more than 500 urban, rural, and suburban schools or districts in 38 states.

"We didn't do this because we wanted to be nice," said Carvalho. "We did it because we had significant problems and wanted a solution that was the right thing to do from an educational, humanistic, and economic perspective."

Miami-Dade County has an unusually high proportion (9 percent) of residents with a mental illness, noted Miami-Dade County Judge Steven Leifman, J.D., a member the foundation's board, who originally brought "Typical or Troubled?" to Carvalho's attention.

Leifman developed the Eleventh Circuit Criminal Mental Health Project to divert defendants with mental illness out of the criminal justice system and into community treatment. "Typical or Troubled?" was one way to recognize early possible symptoms of mental illness and intervene before young people ended up in social or legal trouble, he said.

"Mythology and stigma set people with mental illnesses apart from people with other illnesses," said Carvalho. "But mental illness ought to be seen and treated like any other illness. There is no tolerance without understanding and no understanding without education." PN

Information about the American Psychiatric Foundation's "Typical or Troubled?" program is posted at http://www.americanpsychiatricfoundation.org/what-we-do/public-education/typical-or-troubled.

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Match

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numbers will exceed the total number of first-year positions offered in the 2014 match—26,678.

"With the number of residency positions funded by Medicare capped, we will see an increasing number of U.S. seniors unable to obtain residency positions," Weissman told *Psychiatric News*. "If we are to effectively expand the number of practicing physicians at a time of growing shortage, it is critical that government funding be made available to support growth in the number of residency positions.

"While the total number of U.S. medical students is increasing, it is not likely that the total number of psychiatry residency positions will be altered significantly without major changes in government policy," Weissman said. "This is the time for psychiatry to reassess what the core or basic training in psychiatry should be for all medical students. This is critical for our recruiting new psychiatrists as well as in the training of other physicians, all of whom provide essential mental health care."

Weissman is not alone in his concern about the future of residency and federal funding for graduate medical education. In a statement issued with the release of the match numbers, Darrell Kirch, M.D., president and CEO of the Association of American Medical Colleges (AAMC), said that a preliminary analysis of this year's data shows that several hundred U.S. medical students did not match to a first-year residency training program.

"As a result, with a serious physician shortage looming closer, we remain concerned that the 17-year cap on federal support of new doctor training will impede the necessary growth in residency positions that must occur to ensure that our growing and aging population will receive the care it needs," Kirch said. "According to the most recent AAMC Survey of Medical School Enrollment Plans, U.S. medical school enrollment will increase to 21,349 students by 2018. Combined with the larger number of graduates from osteopathic schools, which also are expanding to address the shortage, as well as increasing numbers of international graduates entering the match, there may be too few residency positions for all the newly graduated doctors in the not-too-distant future."

Preliminary data from the NRMP are posted at http://ww1.prweb.com/prfiles/2014/03/19/11682006/2014%20NRMP%20Main%20Residency%20Match%20Advance%20Data%20Tables%20FINAL.pdf.

Bryan McNamara

Representatives of the ANA and APA's Minority Fellowship Program pose during the Intensive Winter Institute sponsored by the two organizations.

Cooperation

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laborative advocacy effort from all mental health organizations.

She added that by making the needs of patients the primary focus of interdisciplinary meetings by organizations in the mental health field, mental health professionals will become more effective—benefitting patients in all stages of treatment and recovery.

Annelle Primm, M.D., M.P.H., APA deputy medical director and director of the Division of Diversity and Health Equity, agreed. "I think it is important for mental health care professionals to learn about the great benefits of team-based care, particularly in the context of the Affordable Care Act, which values interdisciplinary work," she said.

Primm noted that this is the first year that that APA and the ANA have co-sponsored the Intensive Winter Institute—usually it is hosted solely by the ANA.

"Hopefully, there will be some sustained contact and opportunity for research and joint policy work," said Primm. "When mental health care organizations work collaboratively, it can only mean great things for the field of mental health and for mental health care delivery. People are now equipped with the knowledge that they need to be on top of cutting-edge issues in today's changing health care environment."

Smoking Cessation

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illness and overall physical health," Lori Raney, M.D., said in an interview with *Psychiatric News*. "Psychiatrists have an important role to play in assisting in this treatment and can provide guidance and support to patients and in helping our colleagues in other medical settings." In addition to being medical director of Axis Health System in Durango, Colo., Raney has a special interest in smoking cessation and mental health.

The research was funded by the United Kingdom Center for Tobacco and Alcohol Studies.

The article "Change in Mental Health After Smoking Cessation: Systematic Review and Meta-analysis" is posted at www.bmj.com/content/348/bmj.g1151.

Anorexia

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comorbidities will be some of our most challenging patients, and their treatment may require a combination of different approaches and a lot of patience."

The researchers also noted that other studies have found that depressive disorders sometimes precede anorexia nervosa and that depressive disorders are "cross-transmitted" in families with eating disorders. Asked about possible genetic connections between depression and anorexia nervosa, Keski-Rahkonen said, "Major genetic collaborations have to date failed to find susceptibility genes for both depression and anorexia. There is, however, some previous evidence from twin studies that anorexia and depression might share a genetic link."

The study was funded by the U.S. National Institutes of Health, the European Union, the Academy of Finland, and private foundations.

An abstract of "Factors Associated With Recovery From Anorexia Nervosa: A Population-Based Study" is posted at http://onlinelibrary.wiley.com/doi/10.1002/eat.22168/abstract.

Defendants

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cases or appeals because otherwise we have no control over the timing of the decision. We just can't afford to wait and support them until a final disposition."

SSI provides a basic income for the claimants, income that gets them quickly out of shelters or jails or hospital forensic units and into real housing, an important first step for community reintegration. That allows other funds to be used for treatment at area clinics.

> "You can't move ahead without a roof over your head and some money in your pocket."

"Most recidivism occurs within 25 days of release so we need to get them into the system as soon as possible," said Schwartz. "With SOAR, the numbers of rebookings and jail days after the approval of benefits were statistically significantly lower than in the one- and two-year period before the approval of benefits."

However, she was careful to note that other factors in addition to SOAR—like treatment, housing, or care management—may also contribute to that outcome.

Five employees run the program in Miami. Funding comes from several sources, including a share of a statewide one-cent tax on drinks at large restaurants and a three-year reinvestment grant from the state. That grant will run out in July, but the funding will be picked up by the South Florida Behavioral Health Network.

Schwartz practices what she preaches about recovery. The program employs two part-time peer counselors and three full-time employees. Two of the three full-timers are people who were once disabled by mental illness, she noted.

"They're doing a fabulous job," said Schwartz of the latter. "Their background helps them be more sensitive to stigma, trauma, and the human experience."

Information about SAMHSA's SOAR Technical Assistance Center is posted at http://www.prainc.com/soar. Information about the Eleventh Judicial Circuit Criminal Mental Health Project is posted at http://www.jud11.flcourts.org/scsingle.aspx?pid=285.

Department of Children and Families
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program

Financial Report Guidance

This Financial Report is used to track all expenses associated with a Criminal Justice, Mental Health and Substance Abuse (CJMHSA) Reinvestment Grant. The Financial Report is used for both Implementation and Expansion Grants. The Financial Report tracks both grant award-funded and county match-funded expenses and encourages program expenditure planning and projection.

Counties are required to submit a Financial Report documenting their CJMHSA activities. Reports are due on or before May 1 (for the reporting period October 1 through March 31) and November 1 (for the reporting period April 1 through September 30) of any semi-annual period in which CJMHSA grant award funds were used. The Financial Report is available in an Excel spreadsheet for ease of reporting. Counties must submit the Financial Report in both electronic format and hard copy. The Financial Report must be accompanied by the signed certification from the County Administrator, found on Tab 2 - Certification. The County Administrator certifies that the Financial Report represents a complete and accurate account of all activities and expenses supported by the CJMHSA grant award and county match obligations.

General Guidance

Counties are required to enter information into only those portions of the Financial Report indicated by a white cell. All other color coded cells will automatically input data as appropriate.

Enter all amounts as dollars and cents. Do not round. Enter all percentages to the nearest tenth of a percent. Enter all dates as mm/dd/yyyy. Do not enter any additional category lines.

Do not enter negative amounts. Counties must monitor and ensure spending is within approved limits. Counties are encouraged to discuss reasonable, allowable and necessary budget adjustments with DCF in advance of committing excess funds from any category to any other category.

Attach a brief narrative justification for the current period expense reporting. Discuss any payment delays, budget adjustments, underestimates or changes to the detail budgets and timelines contained in the MOU.

Tab Specific Guidance

Tab 2 - Certification
Cut and paste the certification statement onto county grantee letterhead. Include signed original certification with the hard copy of the Financial Report.

Tab 3 - Approved Budget
Enter the identifying information requested in Lines 2 through 7, Columns B and D. The executed CJMHSA MOU contains the MOU#, MOU beginning and end dates, and the County Grant Manager information.

The County Lead Agency is the county entity given primary responsibility by the County Public Safety Planning Council for achieving the goals and objectives of the CJMHSA program. This agency may or may not be the same agency as the County Grant Manager's agency. In the event grant activities are wholly or partially subcontracted, the lead agency is the county agency responsible for oversight of the subcontracting entity. Enter the Type of CJMHSA grant as "Implementation" or "Expansion."

Enter the name, title and agency designation of the individual preparing the report and the date on which the report is completed.

Enter the From and To dates of the current reporting period.

Enter the approved budgeted amounts as presented in the county application included as Attachment I of the MOU. If the county has formally requested and received written approval from DCF for a budget revision, enter the approved revised budget amounts. Budget amounts for Implementation and Expansion Grants must be entered for the full multi-year Grant Award and County Match amounts.

Contractual Expenses presented in a single line in the Attachment I must be broken out by the approved CJMHSA Expenses Categories using the supporting budget narrative detail in the Attachment I

Enter the dollar amounts for Administrative Indirect costs combining the indirect cost of both Direct and Contractual Expenses

Enter the Amount and Date of any CJMHSA funds advanced to the county under the MOU. In the event of multiple advances, enter the combined total of all advances and the most recent advance date. Enter the amount of interest accrued on the combined total of all advance funds by the county according to the most recent statement provided by the county financial administrator. Enter the statement date.

Tab 4 - Expenses This Period

Enter the dates included in the current reporting period. At a minimum, financial reports must be current through the close of the previous fiscal quarter, (i.e., through March 31 for any reports delivered May 1 and through September 30 for any reports delivered November 1).

Enter the actual expense amounts disbursed during the current period as reflected in the official county financial system. Do not include unpaid encumbrances, pending invoices, estimates or other amounts which may represent activities during this period which have not yet been processed through the county payment system.

Tab 5 - Prior Period Expenses

Enter the "To" date only. The "To" date on Tab 5 is the day before the "From" date of Expenses This period on Tab 4. The "From" date on Tab 5 will automatically populate when the MOU Begin Date on Tab 3 is entered.

Enter the actual expense amounts disbursed during the all previously reported periods. If desk reviews, audits or other financial adjustments have been made to reconcile previously reported expenses, provide a narrative description of the nature and reason for the adjustment.

Tab 6 - Total Expenses to Date

Tab 6 will automatically total information entered in Tabs 4 and 5. Counties are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your

Tab 7 - CJMHSA Available Fund Balance

Enter the "From" date on Tab 7 as the day after the "To" date on Tab 4 Expenses This Period

Tab 7 will automatically subtract totals on Tab 6 from the Approved Budget totals on Tab 3. Counties are responsible for verifying the accuracy of these totals before submitting the Financial Report. Report any formula adjustments needed to your DCF Grant Manager.

Tab 8 - CJMHSA Projected Additional Expenses

Provide an updated estimate of the costs involved in completing the CJMHSA program as described in the MOU. Discuss any differences between this report and the totals on Tab 7 in the financial narrative attachment.

I, Carlos Gimenez, hereby certify the above to be accurate and in agreement with the records on file and with the terms and conditions of the Memorandum of Understanding for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant awarded to Miami-Dade County.
Signed:
Print Name:
Date:

CRIMINAL JUSTICE MENTAL HEALTH AND SUBSTANCE ABUSE REINVESTMENT GRANT PROGRAM			
County	Miami-Dade	MOU#	LHZ27
MOU Begin Date	1/31/2011	End Date	6/30/2014
County Grant Manager	Eloisa Carolina Montoya, Psy. D.	Title and Agency	Mental Health Services Manager, Miami-Dade County
County Lead Agency	MDCR	Grant Type	Expansion
Report Prepared By	Diana Gonzalez	Report Date	7/8/2014
Report Period: From	1/31/2011	To:	Final 6/30/2014

CJMHSA Expense Category	Total CJMHSA Approved Budget [1]		
	Grant Award	County Match	Total
DIRECT EXPENSES			
Salaries:		$538,031.00	$538,031.00
Fringe Benefits:	$0.00	$302,642.00	$302,642.00
Equipment:	$6,926.00		$6,926.00
Travel:	$6,809.00		$6,809.00
Supplies:	$13,018.00		$13,018.00
Rent/Utilities:			$0.00
Other Expenses:	$17,182.00		$17,182.00
SUBTOTAL DIRECT	**$43,935.00**	**$840,673.00**	**$884,608.00**
CONTRACTUAL EXPENSES			
Consultant Fees:	$519,060.00		$519,060.00
Fringe Benefits:			$0.00
Equipment:			$0.00
Travel:			$0.00
Supplies:			$0.00
Rent/Utilities:			$0.00
Other Expenses:			$0.00
SUBTOTAL CONTRACTUAL	**$519,060.00**	**$0.00**	**$519,060.00**
ADMINISTRATIVE $	$62,500.00		$62,500.00
ADMINISTRATIVE %	10.0%	0.0%	4.3%
TOTAL ALL COSTS	**$625,495.00**	**$840,673.00**	**$1,466,168.00**
MATCH %			134.4%

STATE ADVANCES AND INTEREST			
CJMHSA Funds Advanced	$624,744.77	Date Funds Advanced	4/18/2013
Accrued Interest on Advances	$1,309.00	Interest Accrued As Of Date	6/30/2014

[1] As approved in the county original CJMHSA application or as revised with written approval of the Department of Children and Families.

County	Miami-Dade	MOU#	LHZ27	Report Date	7/8/2014
CJMHSA Expense Category		CJMHSA Expenses This Period [2]			
		From 4/1/2014		To 6/30/2014	
		Grant Award	County Match		Total
DIRECT EXPENSES					
Salaries:					$0.00
Fringe Benefits:					$0.00
Equipment:					$0.00
Travel:					$0.00
Supplies:					$0.00
Rent/Utilities:					$0.00
Other Expenses:		$2,916.50			$2,916.50
SUBTOTAL DIRECT		**$2,916.50**	**$0.00**		**$2,916.50**
CONTRACTUAL EXPENSES					
Consultant Fees:		$28,127.75			$28,127.75
Fringe Benefits:					$0.00
Equipment:					$0.00
Travel:					$0.00
Supplies:					$0.00
Rent/Utilities:					$0.00
Other Expenses:					$0.00
SUBTOTAL CONTRACTUAL		**$28,127.75**	**$0.00**		**$28,127.75**
ADMINISTRATIVE $		$3,510.00			$3,510.00
ADMINISTRATIVE %		10.2%	#DIV/0!		10.2%
TOTAL ALL COSTS		**$34,554.25**	**$0.00**		**$34,554.25**
MATCH %					0.0%

[2] Current reporting period costs only.

County	Miami-Dade	MOU#	LHZ27	Report Date	7/8/2014
CJMHSA Expense Category		CJMHSA Expenses Prior Period [3]			
		From 1/31/2011		To 3/31/2014	
		Grant Award	County Match		Total
DIRECT EXPENSES					
Salaries:			$714,935.00		$714,935.00
Fringe Benefits:			$191,756.00		$191,756.00
Equipment:		$6,926.00			$6,926.00
Travel:		$2,000.48			$2,000.48
Supplies:		$4,504.00			$4,504.00
Rent/Utilities:					$0.00
Other Expenses:		$13,041.00			$13,041.00
SUBTOTAL DIRECT		**$26,471.48**	**$906,691.00**		**$933,162.48**
CONTRACTUAL EXPENSES					
Consultant Fees:		$475,108.00			$475,108.00
Fringe Benefits:					$0.00
Equipment:					$0.00
Travel:					$0.00
Supplies:					$0.00
Rent/Utilities:					$0.00
Other Expenses:					$0.00
SUBTOTAL CONTRACTUAL		**$475,108.00**	**$0.00**		**$475,108.00**
ADMINISTRATIVE $		$58,990.00			$58,990.00
ADMINISTRATIVE %		10.5%	0.0%		4.0%
TOTAL ALL COSTS		**$560,569.48**	**$906,691.00**		**$1,467,260.48**
MATCH %					161.7%

[3] Cumulative summary of any and all expense reports submitted prior to the "Report Period From" date on page 1

County	Miami-Dade	MOU#	LHZ27	Report Date	7/8/2014
CJMHSA Expense Category		CJMHSA Total Expenses to Date			
		From 1/31/2011		To Final 6/30/2014	
		Grant Award	County Match		Total
DIRECT EXPENSES					
Salaries:		$0.00	$714,935.00		$714,935.00
Fringe Benefits:		$0.00	$191,756.00		$191,756.00
Equipment:		$6,926.00	$0.00		$6,926.00
Travel:		$2,000.48	$0.00		$2,000.48
Supplies:		$4,504.00	$0.00		$4,504.00
Rent/Utilities:		$0.00	$0.00		$0.00
Other Expenses:		$15,957.50	$0.00		$15,957.50
SUBTOTAL DIRECT		**$29,387.98**	**$906,691.00**		**$936,078.98**
CONTRACTUAL EXPENSES					
Consultant Fees:		$503,235.75	$0.00		$503,235.75
Fringe Benefits:		$0.00	$0.00		$0.00
Equipment:		$0.00	$0.00		$0.00
Travel:		$0.00	$0.00		$0.00
Supplies:		$0.00	$0.00		$0.00
Rent/Utilities:		$0.00	$0.00		$0.00
Other Expenses:		$0.00	$0.00		$0.00
SUBTOTAL CONTRACTUAL		**$503,235.75**	**$0.00**		**$503,235.75**
ADMINISTRATIVE $		$62,500.00	$0.00		$62,500.00
ADMINISTRATIVE %		10.5%	0.0%		4.2%
TOTAL ALL COSTS		**$595,123.73**	**$906,691.00**		**$1,501,814.73**
MATCH %					152.4%

County	Miami-Dade	MOU#	LHZ27	Report Date	7/8/2014
CJMHSA Expense Category		CJMHSA Available Fund Balance			
		From 1/31/2011		To Final 6/30/2014	
		Grant Award	County Match		Total
DIRECT EXPENSES					
Salaries:		$0.00	-$176,904.00		-$176,904.00
Fringe Benefits:		$0.00	$110,886.00		$110,886.00
Equipment:		$0.00	$0.00		$0.00
Travel:		$4,808.52	$0.00		$4,808.52
Supplies:		$8,514.00	$0.00		$8,514.00
Rent/Utilities:		$0.00	$0.00		$0.00
Other Expenses:		$1,224.50	$0.00		$1,224.50
SUBTOTAL DIRECT		**$14,547.02**	**-$66,018.00**		**-$51,470.98**
CONTRACTUAL EXPENSES					
Consultant Fees:		$15,824.25	$0.00		$15,824.25
Fringe Benefits:		$0.00	$0.00		$0.00
Equipment:		$0.00	$0.00		$0.00
Travel:		$0.00	$0.00		$0.00
Supplies:		$0.00	$0.00		$0.00
Rent/Utilities:		$0.00	$0.00		$0.00
Other Expenses:		$0.00	$0.00		$0.00
SUBTOTAL CONTRACTUAL		**$15,824.25**	**$0.00**		**$15,824.25**
ADMINISTRATIVE $		$0.00	$0.00		$0.00
ADMINISTRATIVE %		0.0%	0.0%		0.0%
TOTAL ALL COSTS		**$30,371.27**	**-$66,018.00**		**-$35,646.73**
MATCH %					-217.4%

County	Miami-Dade	MOU#	LHZ27	7/8/2014
CJMHSA Expense Category		CJMHSA Projected Additional Expenses		
		From 1/31/2011		Final 6/30/2014
		Grant Award	County Match	Total
DIRECT EXPENSES				
Salaries:				$0.00
Fringe Benefits:				$0.00
Equipment:				$0.00
Travel:				$0.00
Supplies:				$0.00
Rent/Utilities:				$0.00
Other Expenses:				$0.00
SUBTOTAL DIRECT		**$0.00**	**$0.00**	**$0.00**
CONTRACTUAL EXPENSES				
Consultant Fees:				$0.00
Fringe Benefits:				$0.00
Equipment:				$0.00
Travel:				$0.00
Supplies:				$0.00
Rent/Utilities:				$0.00
Other Expenses:				$0.00
SUBTOTAL CONTRACTUAL		**$0.00**	**$0.00**	**$0.00**
ADMINISTRATIVE $				$0.00
ADMINISTRATIVE %		#DIV/0!	#DIV/0!	#DIV/0!
TOTAL ALL COSTS		**$0.00**	**$0.00**	**$0.00**
MATCH %				#DIV/0!