

Outcomes of the Miami-Dade County Forensic Alternative Center: A Diversion Program for Mentally Ill Offenders

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SUMMARY:

125,000 people with serious mental illnesses are arrested and booked in Florida jails annually. In fact, Miami-Dade County Jail system in Florida has been described as the “largest mental institution in the state” (Torrey, et al.).

Over 1500 individuals yearly are found incompetent to proceed and are committed to state hospitals for forensic services (Forensic Mental Health Fact Sheet). When these individuals no longer require forensic commitment, they are discharged from the state treatment facility and rebooked into jail until their court date. Discharge from jail usually occurs without adequate arrangements to meet their needs, and these individuals often return to confinement.

In order to provide an effective measure to reduce the traffic of mentally ill patients from state hospitals to jails, prevent these individuals from being reinstitutionalized, and lighten economic stress, a unique diversion program, Miami-Dade County Forensic Alternative Center (MD-FAC) was implemented in 2009. MD-FAC is an inpatient residential treatment unit providing psychiatric stabilization and competency restoration, with the ultimate goal of successfully reintegrating individuals into the community.

This aim of this study was to determine if MD-FAC was capable in minimizing recidivism rates in individuals admitted to the program, in a cost effective manner.

Participants in the MD-FAC program were found to have a shorter inpatient length of stay and lower recidivism rates after discharge from the MD-FAC residential unit, in comparison to those individuals who were treated at state forensic facilities. Furthermore, the cost of inpatient stay was significantly less at MD-FAC than state hospitals.

INTRODUCTION:

Miami-Dade County Jail houses approximately 1,200 individuals with serious mental illness. This represents approximately 17% of the total inmate population (Criminal Mental Health Project).

Incarcerated individuals with mental illness at Miami-Dade County Jail are often found to be victims of abuse, tend to refuse psychiatric medications, and severely decompensate (Hoff 1999).

The 9th floor, also known as the “Forgotten Floor,” was the primary psychiatric unit of the Miami-Dade County Jail until it closed in December 2014.

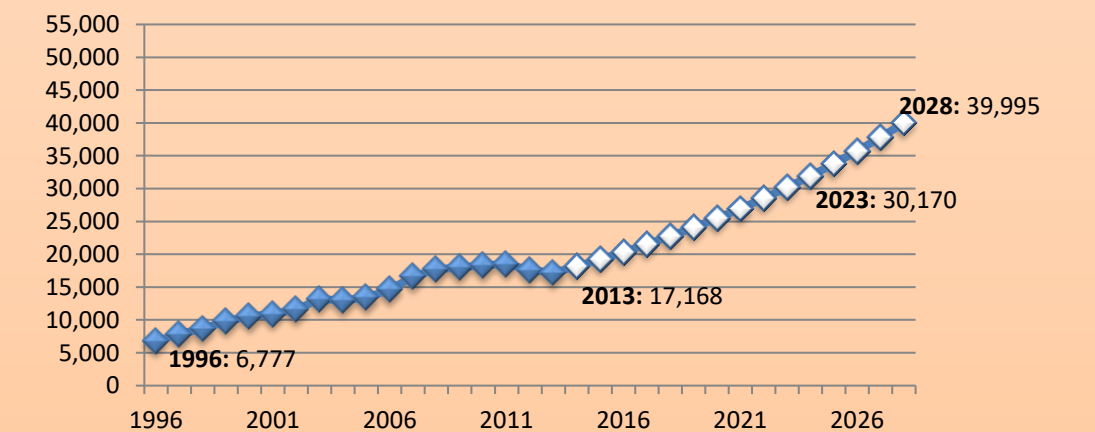
The link below demonstrates the inhumane conditions that lead to the decline of the mentally ill offender while incarcerated on the 9th floor.



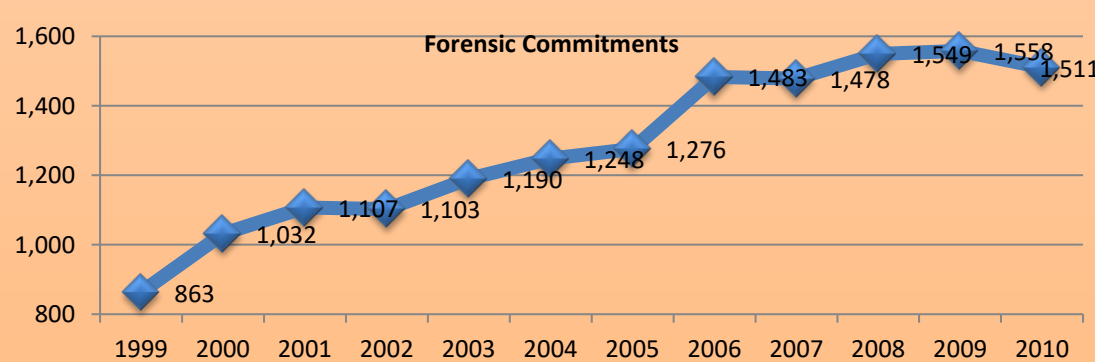
Scan the QR code above with your smart phone to see a short video depicting these conditions

The number of mentally ill persons in jails continues to grow. The number of inmates with mental illness in Florida Prisons will double by 2028.

Growth and Projected Growth of Inmates with Mental Illnesses in Florida Prisons: 1996-2028



The graph below documents the steady rise in the number of individuals forensically committed.



BACKGROUND:

PROGRAM DESCRIPTION

The Miami-Dade Forensic Alternative Center was started in August 2009 by the Eleventh Judicial Circuit of Florida and the Florida Department of Children and Families (DCF). Adults age 18 and older who have been found by the circuit court to be incompetent to proceed on a second or third degree felony, who do not have significant histories of violent felony offenses, and are not likely to face incarceration if convicted of their alleged offenses are eligible for admission into the program.

Upon admission to the program, individuals are placed in a sixteen bed, locked, inpatient residential treatment unit at Jackson Memorial Hospital and provided with daily competency restoration services. Treatment services also focus on illness management and community re-entry.

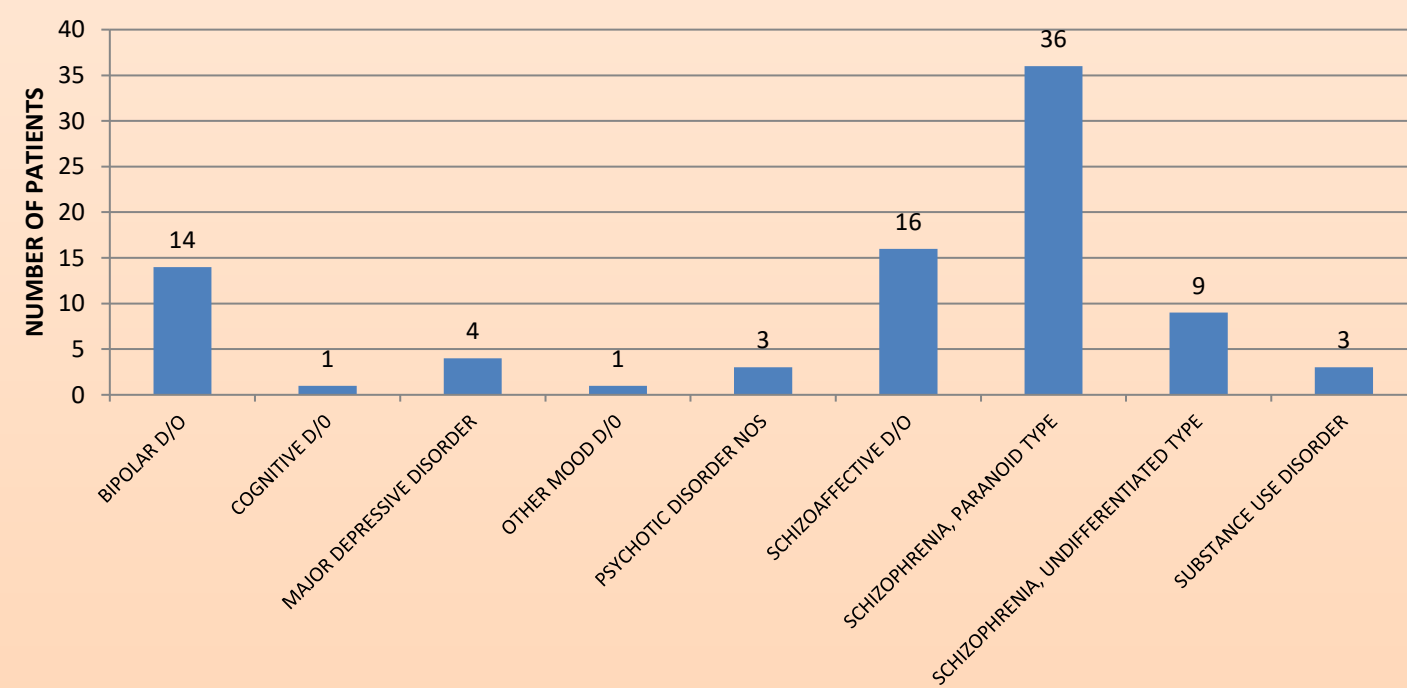
Once the individual's competency is restored or that person no longer meets criteria for continued forensic treatment, the individual is placed into the community. They are closely monitored for one year to ensure efficient and ongoing linkage to treatment and support services.

METHODS:

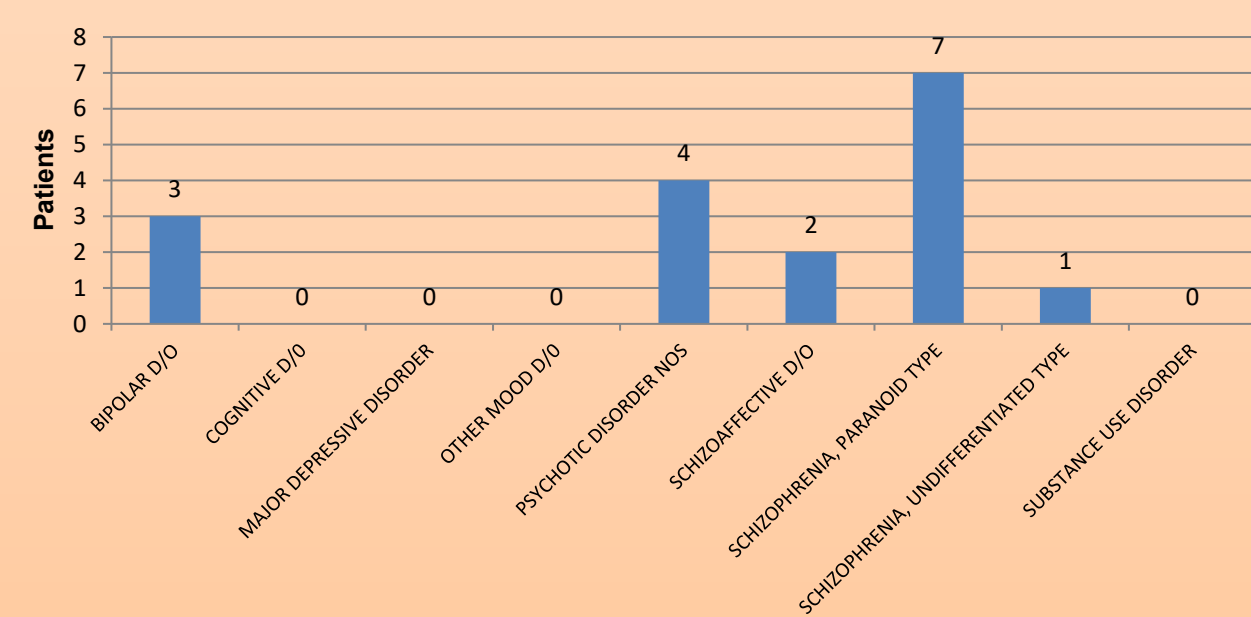
DATA

87 individuals were included in the analysis, comprising all patients treated at MD-FAC from 08/2011-12/2014 (allowing for 1 year of follow-up data on all individuals). A comparison group of 33 individuals committed to a state hospital was identified.

Diagnosis of MD-FAC Patients



Diagnosis of State Hospital Patients (missing for 16 individuals)



Demographic Factors of MD-FAC and State Hospital Groups

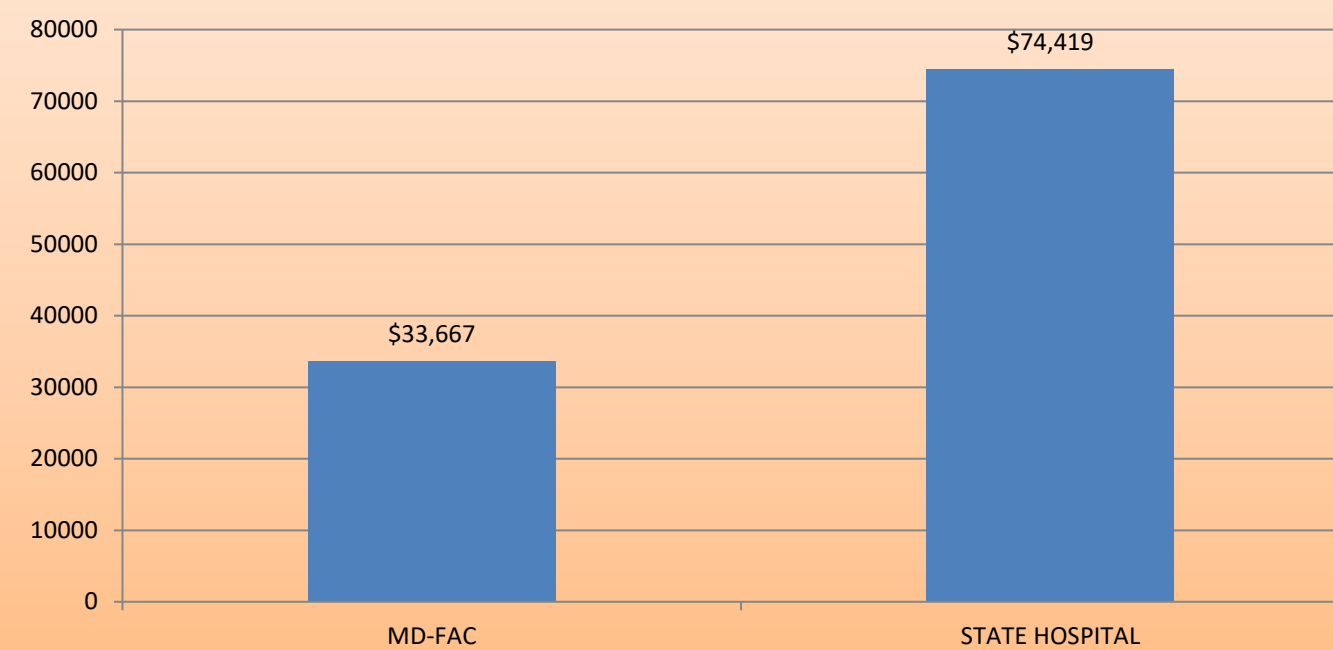
	MD-FAC (n=87)	State Hospital (n=33)
Age (average)	37.7	33.0
Gender	M: 69% F: 31%	M: 79% F: 21%
Race	White: 41% Black: 59%	White: 49% Black: 51%
Ethnicity	Hispanic: 34% Non-Hispanic: 66%	Hispanic: 42% Non-Hispanic: 58%

Comparison criteria for outcomes were:

- Costs per inpatient admission to MD-FAC and state hospitals
- Recidivism rates (Jail bookings for committing new offenses, sanctions, warrants, and violations)
- The time patients spent in jail the year following discharge
- Hospital length of stay

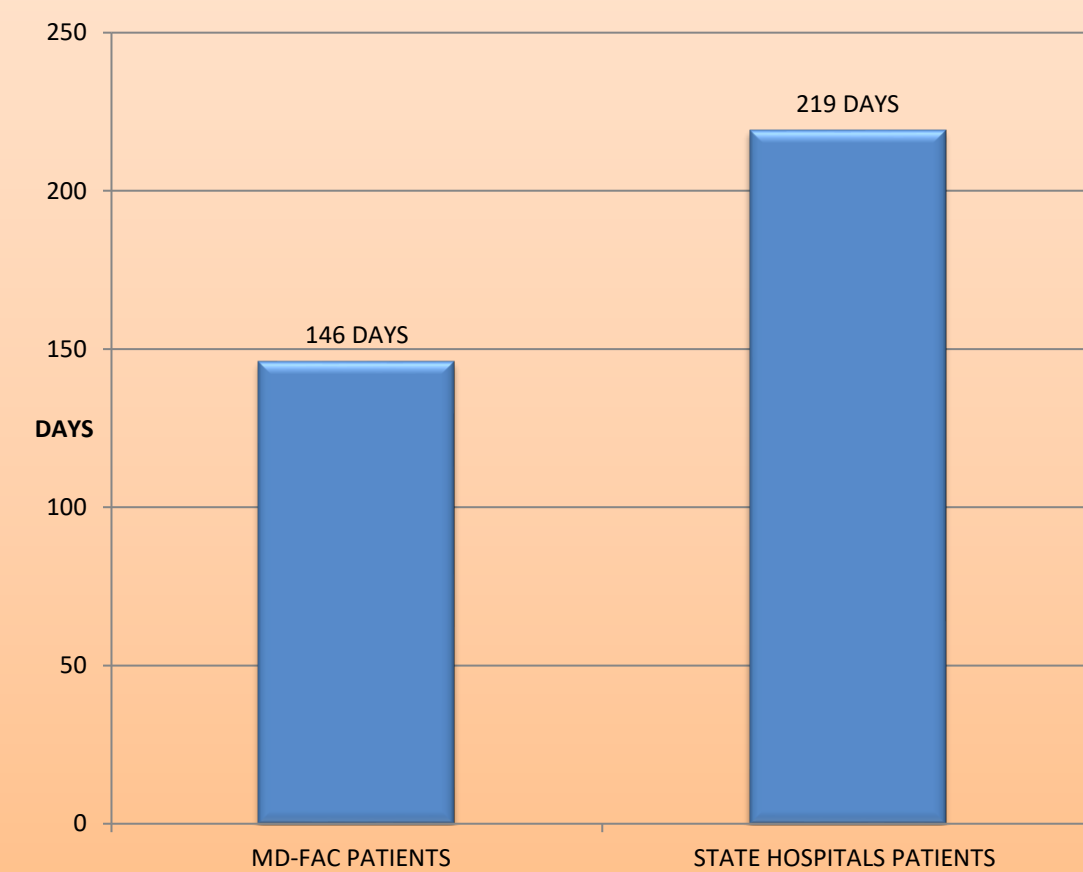
RESULTS:

COST PER INPATIENT ADMISSION



RESULTS:

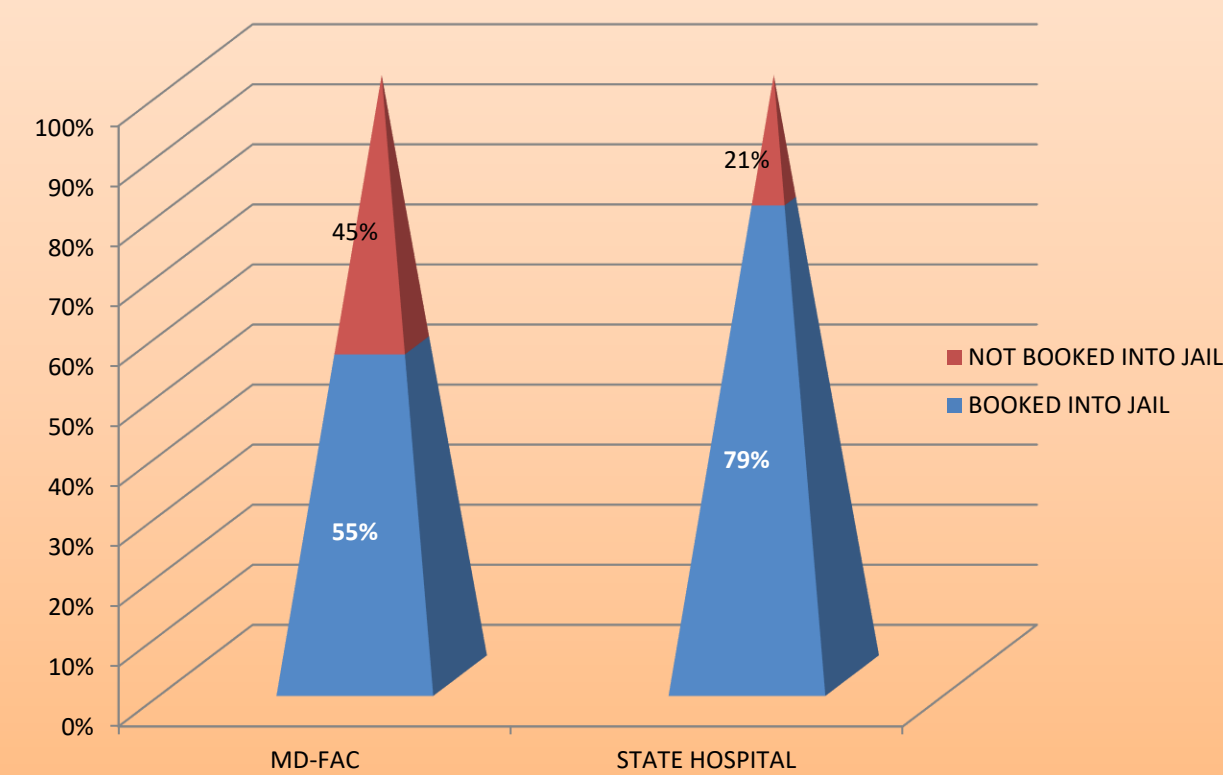
AVERAGE LENGTH OF INPATIENT STAY



RESULTS:

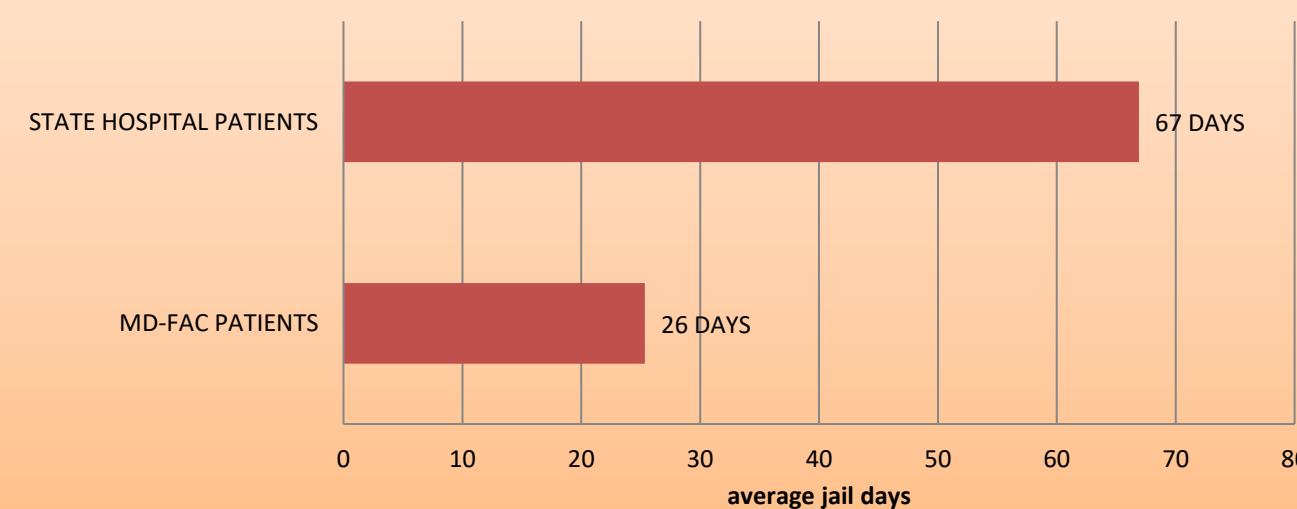
RECIDIVISM

JAIL BOOKINGS THE YEAR FOLLOWING DISCHARGE



RESULTS:

TIME SPENT IN JAIL THE YEAR FOLLOWING DISCHARGE



CONCLUSIONS

- Patient populations were comparable in demographic factors.
- Patients admitted to MD-FAC were found to have lower recidivism rates in comparison to those admitted to a state hospital.
- An admission to MD-FAC doubled the chances that the patient would not return to jail in the year following discharge.
- The amount of days an MD-FAC patient spent in jail the year following discharge was 2/3 less than state hospital patients.
- The average length of stay at MD-FAC inpatient unit was 1/3 less than the length of stay at a state hospital.
- The cost for inpatient admission to MD-FAC was 1/2 the cost of inpatient admission to a state hospital.

A patient admitted to MD-FAC had double the chances of staying out of jail the year following discharge, at half the cost and 2/3 the length of inpatient stay in comparison to a patient admitted to a state hospital.

References:

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