# The Mental Health Offenders Program (MHOP)

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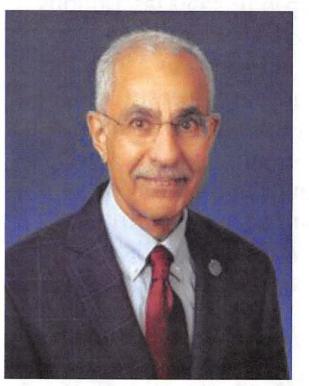
#### **Incarceration Stats**

The United States are 4% of the world's population but 25% of the world's incarcerated population

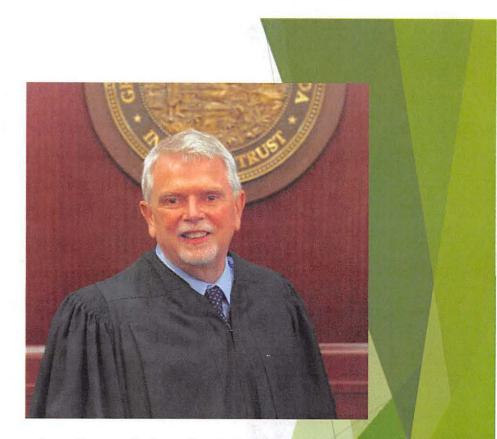
- 2.3 million people in the United States
- 1,316,000 State Prisons
- 615,000 Local Jails
- 225,000 Federal Prisons & Jails
- 95% of incarcerated people are returning to our communities, many lacking skills needed to be successful in the workforce
- An additional 840,000 on parole and 3.7 million on probation

| INCARCERATION RATES                              | S   |
|--|-----|
| COMPARING FLORIDA<br>AND FOUNDING NATO COUNTRIES |     |
|  |     |
| Florida  |     |
| United States                                    | 698 |
| Jnited Kingdom                                   |     |
| Portugal 129                                     |     |
| Luxembourg 115<br>Canada 114                     |     |
| France 102                                       |     |
| Italy 96   |     |
| Belgium 94                                       |     |
| Norway 74  |     |
|  |     |
| Notherlands 50                                   |     |
| Netherlands 59                                   |     |
| Denmark 59                                       |     |
| Denmark 59                                       |     |

#### How MHOP Came to Be



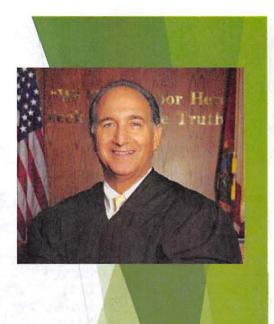
#### The Honorable Ronald Salem



Judge Mark Mahon

### Inspiration and Background for the Creation of Mental Health Offenders Program - the Miami Model

The Mental health offender program (MHOP) was started after being inspired by the jail diversion program The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), located in Miami-Dade County, FL. This program was initiated in 2000 to divert the individuals who were suffering from mental illnesses such as schizophrenia, bipolar disorder, major depression or co-occurring substance use disorder from criminal justice by providing them comprehensive community-based treatment and support services in order to prevent repeat offense and high utilization of the resources.



### Inspiration and Background for the Creation of Mental Health Offenders Program - the Miami Model Leifman and Coffey, 2019

- On any given day, the Miami jail houses approximately 2,400 individuals receiving psychotherapeutic medications, and costs taxpayers roughly \$232 million annually or \$636,000 per day.
- Individuals with mental illness stay in jail 8 times longer and cost 7 times more then individuals without mental illness.
- 5-year period, these Heavy users accounted for nearly 2200 arrests, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms, at a cost to taxpayers of roughly \$16 million.

#### The Miami Model Compared to MHOP

#### MHOP

- Misdemeanors only (with some exclusions)
- For those with Schizophrenia/
   Schizoaffective Disorder (so far!)
- Case is diverted in J1 but handled by one Judge and 

   Magistrate
- One provider (with partnerships)
- Referrals from JSO list, Judges, DN7s
- Screening of referrals done by MHOP team
- Long acting injectables required
- Aftercare component
- No forensic hospital diversion program
- Deference to clinical team
- Dedicated Judge and Magistrate

- CMHP
- Can include felonies and all misdemeanors
- Cases scheduled for mental health calendar
- Wider range of diagnoses
- Many agencies involved in delivering care, coordinated by Managing Entity Thriving Mind of South Florida
- Referrals for felonies from Jail In-Reach, the Public Defender's Office, the State Attorney's Office, private attorneys, judges, corrections health services, and family members
- Screening of misdemeanor referrals done by correctional officers
- Long acting injectables not required for all
- Followed up to 1 year
- Forensic hospital diversion program

#### The Mental Health Offenders Program -Goal and Partners

The goal of MHOP is to reduce the demands on the criminal justice system and costs to taxpayers by diverting those offenders with mental illness to a program that meets their psychiatric, medical, and social service needs.

Partners included the Duval County Circuit and County Judges, State Attorney's Office (SAO), Public Defender's Office, City of Jacksonville (COJ), Jacksonville Sheriff's Office (JSO), Sulzbacher Center (a Federally Qualified Healthcare Center and homeless shelter), Gateway Community Services (a private non-profit drug and alcohol rehabilitation agency), and Lutheran Services of Florida (one of seven Managing Entities who work in partnership with the Florida Department of Children and Families to ensure access to evidencebased behavioral health care services for the uninsured indigent population).

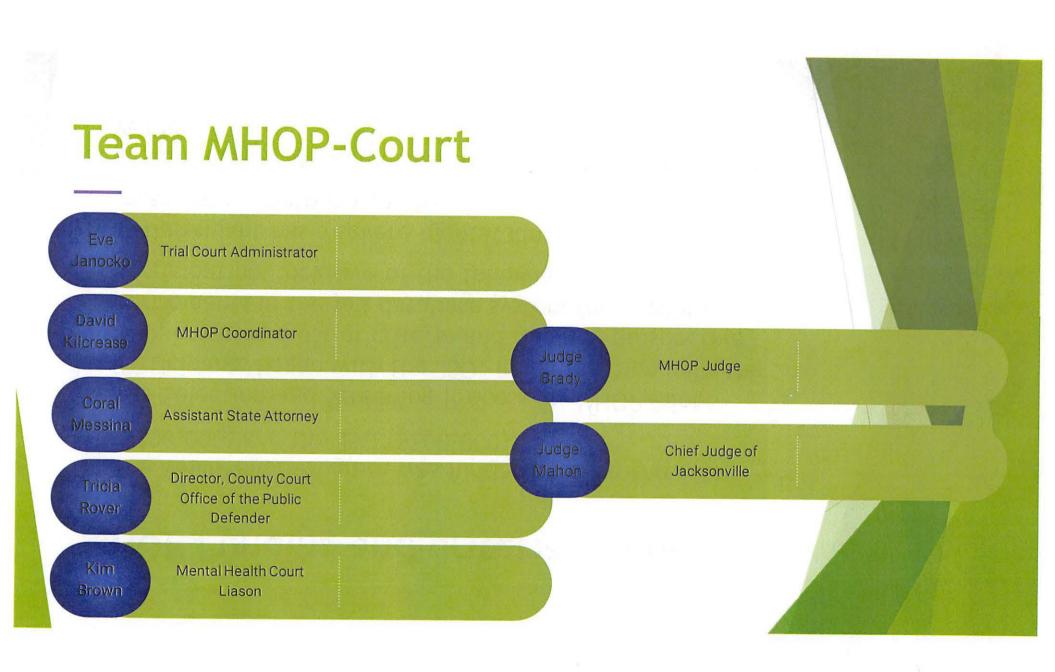
## Team MHOP-Treatment





Medical Director, Program Coordinator, Peer Specialist, Counselor, 2 Intensive Case Managers, Soar Processor, Psychiatrist, Housing Case Manager, Aftercare Case Manager and Program Supervisor





#### **MHOP Funding and Criteria - Pilot**

- The MHOP Pilot Program was funded through the COJ (\$200,000) and the JSO (\$200,000).
- The Selection and Screening Process for MHOP Pilot Participants began with the JSO, in conjunction with the SAO, creating a list of criteria and flagging prospective participants in the jail database system for possible participation, inclusive of the following:
- 1. Defendant has a severe mental illness and requires intensive wraparound services.
- 2. Defendant has been arrested four or more times since 2017.

#### **MHOP Process**

- Upon arrest of one of the participants on the list for a new charge with a nonviolent misdemeanor (excluding DUI), eligible participants are identified in the jail by correctional personnel via the MHOP Flag and referred to MHOP during First Appearance Court.
- MHOP is coordinated on the Court process side by the MHOP Coordinator and on the treatments side by the Sulzbacher Medical Director.
- A member of the Sulzbacher MHOP team screens the client with a checklist.
- The Sulzbacher representative attends First Appearance Court with the client and recommends to the presiding Judge the client to enter MHOP.
- If the Judge agrees, the Judge would release the defendant from jail to Sulzbacher custody.
- Sulzbacher has a minimum of a two-week period to ascertain if the client will be able to comply with the pilot program, including taking medications, working with the MHOP team, and staying in custody of Sulzbacher. If not, the State Attorney's Office would be notified for guidance.

# **MHOP Process**

- Public Defender will obtain a signed Deferred Prosecution agreement from the client.
- Sulzbacher provides case management, psychiatric and medical treatment, therapy, assistance with housing, and other wraparound services.
- The Court (Dedicated Judge and Magistrate) supervises MHOP participants throughout the duration of the program which lasts until the participant is stable psychiatrically, has income, and permanent housing.
- Cases are reviewed with every 2-6 weeks depending on client stability as recommended by the MHOP team in conjunction with the legal team. Participants who fail to comply were potentially subject to re-arrest depending on the charge. Participants who successfully completed the program have their case dismissed as part of the deferred prosecution agreement.

#### Screening Tool

#### Jail Screener for Clients referred to MHOP:

| Patien | t <u>name:</u>                            |           | DOB:     |  |
|--------|---|-----------|----------|--|
| Name   | of person completing:                     |           | Date     |  |
|        |   | Please Ci | rcle one |  |
| 1.     | Acutely suicidal or homicidal?            | Yes       | No       |  |
| 2.     | Willing to abide by terms of program?     | Yes       | No       |  |
| 3,     | Willing to take injection of recommended? | Yes       | No       |  |
| 4.     | Primary diagnosis of substance use?       | Yes       | No       |  |
| 5.     | Able to provide informed consent?         | Yes       | No       |  |

If yes to question 1 or 4, or no to any of the other questions, client not eligible.

If client declines MHOP: A. Help me understand why?

B. What would it take for you to agree to the program?

Comments:



#### Characteristics

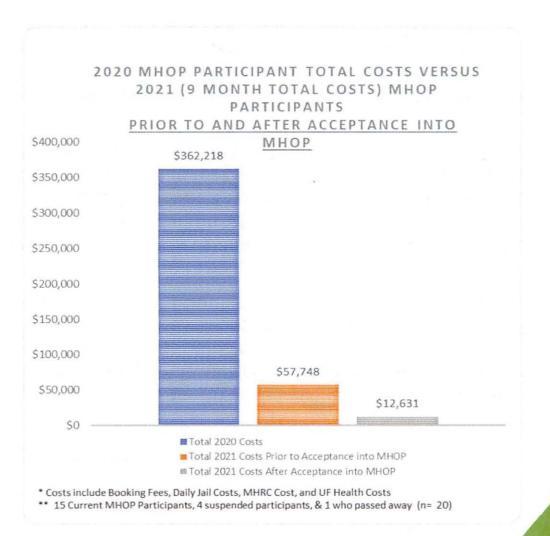
| Age                     |              |
|-------------------------|--------------|
| Age (years), mean (SD)  | 40.9 (10.33) |
| Age range (years)       | 24-60        |
| Gender                  |              |
| Male, n (%)             | 14 (70)      |
| Female, n (%)           | 06 (30)      |
| Ethnicity               |              |
| Black, n (%)            | 15 (75)      |
| Caucasian, n (%)        | 03 (15)      |
| Hispanic, n (%)         | 01 (5)       |
| Native American, n (%)  | 01 (5)       |
| Diagnosis               |              |
| Schizophrenia, n (%)    | 15 (75)      |
| Schizoaffective, n (%)  | 05 (25)      |
| Income                  |              |
| SSI, n (%)              | 06 (30)      |
| No Income or SSI, n (%) | 14 (70)      |
| Housing Status          |              |
| Homeless, n (%)         | 18 (90)      |



#### **Results from Pilot**

- At the conclusion of the pilot 86.7% (n=13) were in permanent housing, with 13.3% (n=2) in temporary housing while awaiting a permanent home. Due to the level of severity of mental illness, none of the pilot participants were able to be gainfully employed. At the conclusion of the pilot, 73.3% (n=11) of participants were receiving disability benefits, with 26.7% (n=4) pending their benefits.
- To calculate savings due to the pilot program, costs were figured for booking, days in jail, psychiatric hospital evaluations from clients sent directly from jail (DN7) and their subsequent hospital stays. The total cost for the 20 pilot participants in 2020 was \$362,218 and for the 20 participants in 2021 prior to entry into MHOP was \$57,748. After entry into MHOP the community costs were \$12,631.
- The monthly average arrest rate dropped 81% for the pilot participants, along with an 87.7% drop in the monthly average of days in jail, an 80.2% decrease in monthly average costs for arrest in booking process, an 85.5% drop in monthly average cost of jail stay and a 100% drop in DN7s (n=20).

## Community Cost Savings



Participant Costs to County/Government Pre and Post MHOP

#### **A Few Surprises**

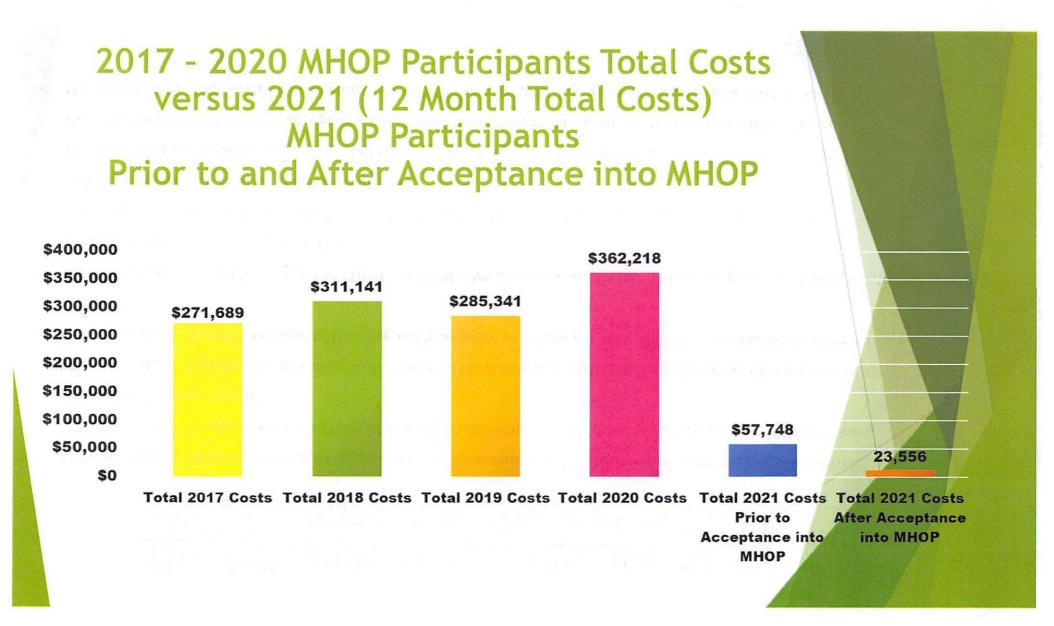
- Only 2 individuals had housing
- Predominately schizophrenia or schizoaffective disorder as the main diagnoses
- Long acting injectable antipsychotics key
- Of those 40, 28 initially agreed (70% acceptance rate), despite all being told they would receive housing, help with applying for benefits, and healthcare treatment, as well as clothing and food.



## 12 Month Data

▶ The community costs were \$23,556 for 2021.

The monthly average arrest rate dropped 81.2% for participants, along with an 79.2% drop in the monthly average of days in jail, an 80.6% decrease in monthly average costs for arrest in booking process, an 75.4% drop in monthly average cost of jail stay and a 100% drop in DN7s (n=20).



# The following is a summation of the MHOP numbers at the end of 2022:

- 92 % decrease in Monthly Average of Arrests prior to Diversion into MHOP in correlation to after referral to MHOP.
- 92% decrease in Monthly Average of Cost of Arrests for Booking Process prior to Admission into MHOP in correlation to after admission into MHOP.
- · 87% decrease in Monthly Average days in Jail prior to Diversion into MHOP in correlation to after referral to MHOP.
- 87% decrease in Monthly Average of Cost for Jail Stay prior to Admission into MHOP in correlation to after Admission to MHOP.
- 100% decrease in Monthly Average of MHRC & UF Health J1 Baker Act Exam/ Admission prior to admission into MHOP in correlation to after referral to MHOP.
- 100% decrease in Monthly Average Cost for MHRC & UF HealthJ1 Baker Act Exam/ Admission prior to admission into MHOP in correlation to after referral to MHOP.
- The Total Cost for Booking Fees, Daily Jail Cost, MHRC Costs, & UF Health Costs for 2020 was \$477,321.
- The Total cost in 2021 prior to acceptance into MHOP was 261,235, but after acceptance into MHOP the cost was \$11,558.
- The Total Cost in 2022 prior to acceptance into MHOP was \$67,602, but after acceptance into MHOP \$26,992

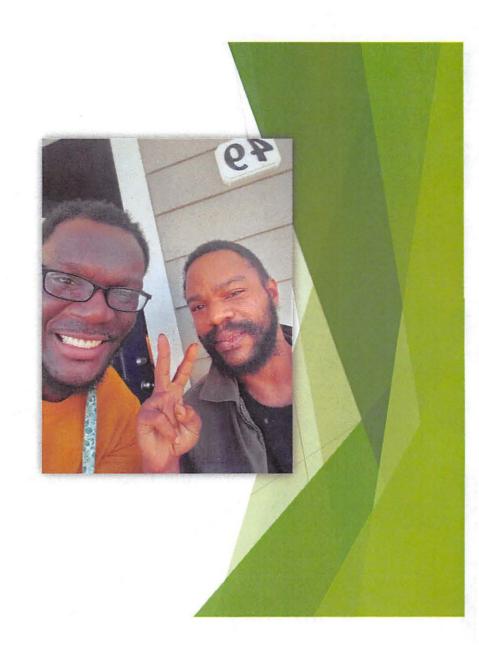
#### **MHOP Expansion**

- \$1.3 million in additional funding received to expand the program in 2022
- \$200,000 from COJ, \$400,000 from JSO and \$700,000 from LSF with additional funding sources being vigorously pursued
- Currently can serve up to 40 clients at a time
- Additional staff hired Aftercare CM, Intensive CM, Program Manager
- Broadening referral base in addition to those on list created by JSO, Judges can directly refer as well as individuals previously Baker Acted from jail ("DN7") added to MHOP list
- Putting in for large DCF grant to go to 150 participants

# Peer Support

#### **PSS:** Jeremiah Harris

- Peer support from lived experience
- □ Recovery support groups
- Oversees outpatient substance abuse support
- Establish Individualized Treatment Plans to ensure clients set and meet their recovery goals



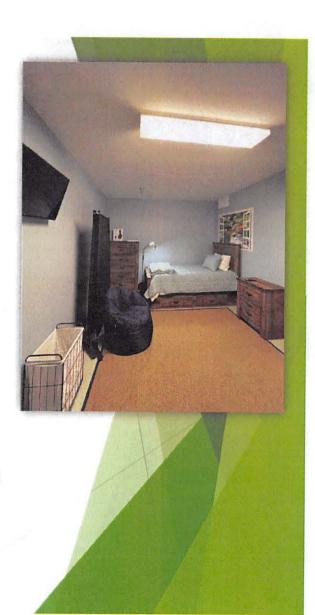
# **Step Down Housing**

Six MHOP beds directly on Sulzbacher's campus & fully staffed 24/7 by Behavioral Health Advocates

Life Enrichment Education Program (LEEP)

□Work hand in hand with clients to develop communication and social skills

Assist case management staff to meet Individual Service Plan goals



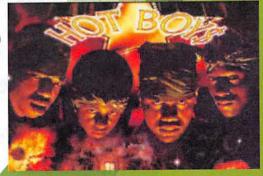
#### **Patient Case**



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- 36yo Man with Intellectual Disability and Schizophrenia, IQ in 40s
- Arrested 97 times since 2017
- Countless hospitalizations
- Presented to our shelter initially shoeless, nonverbal, covered in his own feces, unaware of the cold or the elements, floridly psychotic, and sleeping in dumpsters.
- Shelters refused him because of difficulty toileting

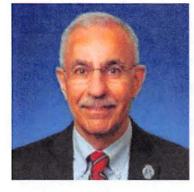
- Initially trialed on Risperdal PO then Invega Sustenna, then Invega Trinza
- Required addition of Haldol decanoate
- Major intervention: Social Support- hired staff to stay with him assist with toileting, administer medicines → able to convert to clozapine and get accepted into ALF



# Since 2017 community costs associated with him were \$337,008; after enrollment in MHOP those costs plummeted to \$2147

## MHOP is a Team Effort







We would like to extend our sincere appreciation to the champions of this program, Chief Judge Mark Mahon of the Fourth Circuit Court in FL; Jacksonville City Councilman Ron Salem, JSO Sheriff Mike Williams, State Senator Aaron Bean, Dr. Christine Cauffield and Sulzbacher CEO Cindy Funkhouser. We would also like to thank our partners including the Duval County Circuit and County Judges, State Attorney's Office, Public Defender's Office, City of Jacksonville (especially the COJ City Council Social Justice Committee and Opioid Task Force), Jacksonville Sheriff's Office, Sulzbacher Center, Lutheran Services of Florida, and Gateway Community Services. We especially thank the MHOP team members who have dedicated themselves wholeheartedly to partnering with the clients to transform their lives.





#### **Community Psychiatry Fellowship**

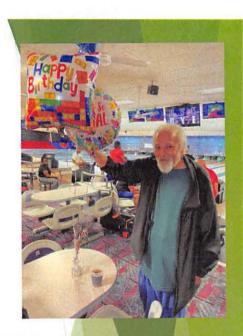


- UF Jacksonville and Orange Park Medical Center Psychiatry 4<sup>th</sup> year Residents, or post graduate
- MHOP court, street outreach, MHOP outreach, clinic, scholarly activity
- Hands on experiences: injections, drug testing, going to jail
- https://www.communitypsychiatry.org/resources/ model-curriculum

# And We Have So Much Fun!!

• Outings: movies, zoo, bowling, holiday meals and gifts, celebrate birthdays







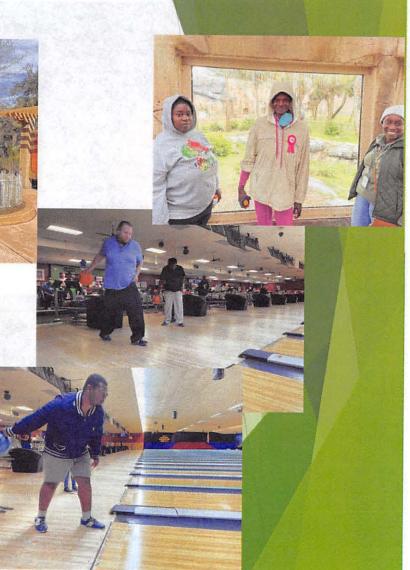
#### **MHOP Activities**











# Graduation





## The Mental Health Offenders Program -Videos

- <u>https://www.dropbox.com/s/1bjyrod0rdkvqkl/Sulzbacher%27s%20MHOP%20Pr</u> ogram.mp4?dl=0
- <u>https://www.news4jax.com/i-team/2023/02/21/how-a-jacksonville-mental-health-program-is-keeping-people-arrested-dozens-of-times-out-of-jail-hospitals/</u>

# QUESTIONS???