

Making Jail Mental Health a Community Issue: The Orange County Experience

Jn June 2001, the Orange County Corrections Department—a county jail operated by the Board of County Commissioners in Orlando, Florida—experienced the second death within 5 years of an inmate with mental health and substance abuse issues. A lawsuit resulting from the first death had been settled in 1998 for \$3 million. Not surprisingly, there was extensive media coverage of this second event, with particular attention directed at the treatment of inmates with mental health and substance abuse issues.

The initial response of Orange County's mayor was to establish a Jail Oversight Commission (JOC). This group of 28 individuals represented all the significant stakeholders in the criminal justice system, various community providers of treatment services, the business community, and the University of Central Florida. The JOC met for nearly a year and requested staff reports and accepted public testimony. Ultimately, the Commission issued a report that supported over 200 recommendations, 111 of which were related to medical, mental health, and substance abuse issues in the criminal justice system, with a primary focus on the jail.

On release of the JOC report, Corrections and Corrections Health Services staff were tasked with reviewing and implementing the recommendations. First, information gathered by the JOC was reviewed and updated. Statistics on the mental health population revealed the following:

- 20% of the jail population suffered from mental illness.
- 660 inmates had serious mental health issues.
- 78% of inmates with mental illness were charged with a felony, and 22% were charged with a misdemeanor.
- The average length of stay (ALOS) for mentally ill inmates was 46.5 days, compared with an ALOS for the overall population of 28 days.

*by
Jill Hobbs
and
Pam Steinke,
Orange County
Corrections
Department,
Orlando, Florida*

- The local 3-year recidivism rate for the mentally ill was 63%, compared with a local recidivism rate for the overall population of 57%.
- On average, it took 86.2 days to transfer a mentally ill inmate to the state hospital.
- One mentally ill individual was booked 94 times in 16 years.

Confronting the Situation

The jail, the criminal justice system, and the community collaborated to respond to these distressing statistics with three major initiatives. The first focuses on pre-booking jail diversion, the second focuses on post-booking release and diversion, and the third focuses on ensuring quality care during incarceration.

Pre-booking diversion. The local law enforcement agencies had already been working to implement a Crisis Intervention Team (CIT) model countywide. CIT efforts increased, making it clear that there was a need for law enforcement officers to have a single point of access for individuals with mental illness.

As a result, the Central Receiving Center (CRC) was funded and implemented. This pre-booking diversion program provides a single drop-off point where law enforcement officers can take individuals with mental health issues as an alternative to jail. The CRC followed the philosophy of CIT and resulted in 233 mentally ill individuals being diverted from the jail in its first year of operation. Mentally ill individuals who were held in custody only for substance abuse, without criminal charges, were no longer taken to the jail.

Post-booking diversion. Florida law requires that inmates appear before a judge within the first 24 hours of their incarceration. As a result of the JOC's work, efforts were made to make this initial appearance more meaningful. Pretrial services were significantly expanded, and judges heard cases twice daily at the jail rather than once daily by video. This meant that Pretrial Services staff were able to provide the judge with information on an inmate's mental health issues and needs. They were also able to recommend, where appropriate, a post-booking jail diversion program that previously had been funded through the Corrections Department. That program grew, with the result that the average length of stay mentally ill inmates was reduced from 48.5 days to 37 days.

In-custody services. Corrections Health Services evaluated its practices within the jail and began to work actively with community providers. One result was a mental health and substance abuse grading system that provides much better information to both clinicians and statisticians than was previously available. Clinicians also worked to develop treatment protocols, which included an in-jail methadone protocol that ensured that the treatment of inmates met community standards. In addition, more training was provided to security staff who worked in the mental health areas of the facilities. Security staff and mental health staff began to work together more closely.

JOC Revisited

One year post-JOC, in June 2003, Corrections and Corrections Health Services, along with others in the criminal justice system, evaluated their progress. Many of the recommendations had been followed, but an ongoing issue was the need to improve communications among the various stakeholders. A Forensic Mental Health Task Force was established to focus specifically on how the community was working together to address issues related to mentally ill persons involved in the criminal justice system.

Orange County had recently been approved for technical assistance from the National Institute of Corrections and the Council of State Governments (CSG). The consultants conducted a site visit in August 2004 and met with the key stakeholders. Their site visit included attending a meeting of the task force at which staff reported on a mapping of the forensic mental health system, identified system gaps, and recommended solutions. The consultants' report of October 2004 validated the work of the task force and provided additional recommendations based on best practices.

Community Action

Although the Forensic Mental Health Task Force focused specifically on the experience of the mentally ill individual in the criminal justice system, the community at large began to look at broader issues affecting persons with mental illness. Community providers and criminal justice stakeholders began to meet to map out community processes and gaps and to implement system-wide solutions. The community began to re-energize influential stakeholders to advocate for equitable funding for mental health services. A county-wide planning board for mental health and substance abuse services was formed; its primary focus continued to be the issue of mentally ill individuals involved in the criminal justice system.

All of our local issues related to mentally ill persons have not been resolved, of course, and mentally ill persons continue to be incarcerated at a higher rate and for longer periods of time than other offenders. However, in Orange County, Florida, both the criminal justice and the community treatment systems have come to realize that the jail should not be the treatment center of last resort for the mentally ill. Rather, the criminal justice system and the community provider network should partner to ensure 1) that mentally ill persons receive the best and most appropriate care and 2) that costly jail beds are reserved for individuals who pose a significant risk to the public safety of the community.

Given our experience, we believe that Orange County, Florida, presents a model for addressing the mentally ill who become involved in the criminal justice system. We thank NIC and the Council of State Governments, as well as the numerous county partners who have contributed to our success. ■

For more information:

Jill Hobbs, Ph.D.
and
Pam Steinke, RN, MA
Orange County
Corrections Department
P.O. Box 4970
Orlando, FL 32802
Phone: 407-836-3564
Fax: 407-836-3523
jill.hobbs@ocfl.net