



Approaching Destination

Florida Association of
Community Corrections

FACC

Training Florida's Community Corrections Professionals



President's Message

It feels like it was just yesterday that I was writing the welcome message to FACC's first quarter Newsletter. The end of the year has just crept up on all of us! And what a year it has been. When I look back to the vision I had for 2021 in January, the truth is much did not go as planned. As that quote goes "Life is what happens while you are busy making other plans." But while things may have been different, there was still quite a bit we accomplished.

FACC produced its first virtual institute, Navigating Community Corrections, Exploring the Path We've Taken, Current Road Conditions, and the Virtual Highway Ahead. The Program, led by Vice President Michael Anderson, was a success and brought our members information and training on the relevant topics of today, preparing us for the future. The Institute was attended by over 500 attendees, breaking past attendee records, and allowing us to reach all parts of our State. FACC also recruited two new corporate members, Attenti and Nationwide Interlock, who will support the organization in our delivery of high-quality training.



Isabel Perez-Morina

*Chief Executive Officer
The Advocate Program, Inc.*

So, what is to come? This upcoming year will be my final year as your President and my plans are to make this final year the best one yet. Along with our amazing board members, the plan is to bring back FACC's in person institute in July of 2022 at the Rosen Plaza in Orlando, Florida. The theme of this conference will be on Returning Citizens and how our profession can ensure that they have access to those critical services and resources they need to succeed. We are excited about re-connecting with our members in person and hope to see many of you there! But that is not all, FACC is committed to reaching all of you. What we learned this year is that integrating virtual training can broaden our impact. In 2022, the Board plans on delivering a series of virtual webinars to ensure all members have access to our programming.

I know, like me, most of you had a year of surprises, some good, some not so much. But you adapted. Perhaps, as you read this, you are at the sunset of your career and are planning the next chapter. Perhaps, you are just one month in working in this field. Both are equally exciting. Those of us in the middle are saying goodbye and saying hello. All of us are crucial in this profession. As things revolve around us and change, our clients still rely on the profession to be a constant and to help them get through a challenging time and identify the potential in themselves to be productive members of our communities.

FACC hopes to support all our members and institutions in navigating the present challenges of our members and workforce. We are here to ensure we all have the training and resources to carry out our respective mission. To that end, I urge you to reach out. Let us know how we can help and become involved. Together we can make 2022 like no other year.

On behalf of the Board of Directors of FACC, let me again thank you for your support and all that you do. My sincerest wishes to you all this season and for the New Year.

Stay safe,

A handwritten signature in black ink, appearing to read 'Isabel Perez-Morina'.

Isabel Perez-Morina, Ph.D.

About FACC

Executive Board

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Mission Statement

To promote excellence in community corrections through quality training, networking, and leadership.

The primary goals of the association shall be to:

- Provide quality, state-of-the-art training & education. Promote communication and networking among membership and community corrections organizations
- Increase public awareness and the acceptance of the effectiveness of community corrections in prevention, reduction, and deterrence of criminal and delinquent behavior
- Encourage and promote the growth of FACC
- Provide representation to decision makers on community justice issues
- Facilitate partnerships and affiliations with other justice components to enhance public safety
- Assist community corrections agencies in responding to the needs of victims
- Advocate and support implementation of evidence-based practices

[FACC By-Laws](#)

Mental Health Courts

Mental Health Courts

Introduction

This analysis addresses the problem of determining if the current mental health court policy works to address the mentally ill becoming involved in the criminal justice system, effectively reducing recidivism among adults who become criminal justice-involved (Lowder et al., 2018). Prisons and jails are not designed, funded, or adequately trained to deal with severe mental illness, leading to mental health courts being developed (Florida Courts, n.d.). These courts are designed to keep the public safe by reducing recidivism, improving the quality of life for the mentally ill by increasing participation in treatment, ensuring victim restitution, and reducing costs to the taxpayers by providing an alternative to incarceration. This analysis will review the mental health court process to determine if the process is working or if changes need to be made to make it a more effective way of handling the mentally ill who become involved in the criminal justice system. According to Wolff and Pogorzelski (2005), the problem with this type of intervention is that it is not naturally standardized and is dependent on external and local forces within the environment. It also depends on personal and relationship dynamics within mental health courts themselves.

Significance

Due to limited access to appropriate mental health care in the United States, those with severe mental health issues have an increased risk of becoming involved in the criminal justice system. Investments in mental health hospitals have become minimal, and therefore, the prison system has become a de facto mental health hospital. The creation of mental health courts was designed to divert the mentally ill from incarceration into effective treatment programs. If mental health courts work as designed, they will affect recidivism among adults with mental illness who are criminal justice-involved (Lowder et al., 2018).



Findings, Recommendations, and Limitations

According to Honegger (2015), mental health courts have not yet reached the level of an evidence-based model. The distinct nature of the courts, short assessment period, nonrepresentative samples, and sporadic reporting of eligibility criteria make it impossible to make an accurate comparison between outcomes of mental health courts versus traditional courts challenging to measure. Despite that, research such as the paper completed by Moore and Hiday (2006) compares re-arrest and re-arrest severity between mental health courts and traditional court participants. Their paper compares the participants of one mental health court to those in traditional criminal courts by examining the arrests and offense severity of those defendants from the year before they entered the court system to one year after they entered the system. The multivariate models used in the study indicated that mental health courts reduce the number of new arrests and the offense severity of re-arrests for mentally ill offenders. Additional analysis also supports that those who complete the mental health court process produce even fewer re-arrests.

Mental health courts are complex, constantly adapting as they become more prevalent, making their evaluation difficult. Mental health courts have been developed to work with criminal justice-involved individuals with mental illness, but the type of individuals that qualify for the program and the procedures to handle them vary by individual courts (Prince et al., 2020), making effectiveness challenging to evaluate. Limitations on mental health courts include the lack of referral resources, stigmatizing a being labeled with a mental illness, forced medication compliance, criminalization of the mentally ill, and the coercion to plead guilty.

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I. Background of the problem

A. Description of the problem situation

Across the United States prior to the 1960s, mentally ill individuals were institutionalized (Etter et al., 2008). This was done to protect them from themselves as well as to protect society. After 1960, community treatment became more prevalent by the utilization of drug therapies. Unfortunately, lack of community funding and the rise of rights movements became significant limitations to this working (Isaac & Armat, 1990). The deinstitutionalization of the mentally ill had the unintentional consequences of a rise in homelessness and increased criminal justice involvement. This was the case nationwide and became a significant problem in Florida.

For example, in Florida, mental health courts first originated due to the abundance of repeat offenders in need of treatment services (Florida Courts, n.d). With few community resources available to address the problem, courts started being inundated with repeat offenders with severe mental health issues that were untreated. The jails and prisons in Florida were not designed to care for the mentally ill, nor were they equipped or funded to deal with serious mental illness. Mental health courts were born in Florida as a response. The goal of these courts was to improve public safety by reducing recidivism, improving quality of life through increased participation in treatment programs, reducing costs, and providing an alternative to incarceration. Mental health courts are designed to be a more effective and less expensive approach to dealing with the criminal justice-involved mental health offender than traditional approaches of supervision or incarceration alone.

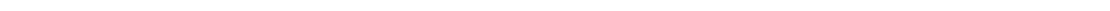
According to Teplin (1990), the lack of services and difficulty in admissions of the mentally ill cause the police to take persons with mental illness into custody rather than to hospitals or other treatment facilities. This practice has come to be known as the criminalization of mental illness (Torrey, 1995). Many jails now house more people with mental illness than do state mental health hospitals. Jails are often inadequately prepared for this type of offender, which results in a revolving door for them with the criminal justice system. Policymakers have been searching for a solution to this problem. The emerging response has been the development of mental health courts, which combines supervision and community-based treatment instead of incarceration.

B. Outcomes of prior efforts to solve problem

According to Lowder et al. (2018), Mental health courts came to be in the late 1990s due to the growing number of the mentally ill who were becoming criminal justice-involved. The courts were initially designed as a diversionary program in which the mentally ill volunteered to judicial supervision of community-based treatment. This agreement resulted in reduced or dismissed charges upon successful completion. Over the past 20 years, mental health courts have increased in popularity, and there are now nearly 350 mental health courts throughout the United States.

According to Redlich et al. (2005), over one hundred mental health courts have been established since the late 1990s to address the inadequacy of the criminal justice system to deal with mentally ill defendants effectively. The mentally ill jail and prison population have been growing exponentially in the United States. According to Ditton (1999), in the middle of 1998, there were estimated to be 283,800 mentally ill offenders incarcerated across the nation in prisons and jails. This constituted approximately 22% of all inmates. About 53% of those mentally ill inmates were incarcerated for a violent offense, compared to 46% of other inmates. As of 2018, the Bureau of Justice Statistics reported that 14% of prisoners in state and federal prisons met the criteria for severe mental illness. Local jails have significantly higher numbers, reporting 26 % of their populations having a severe mental illness. Those numbers are astronomical compared to the 5% of the general population that falls into that category (Lyon, 2019).

With Florida as an example again, the Florida Mental Health Act (1971) brought about drastic changes in the mental health laws in Florida. Section 394.47892 of the Florida Statutes creates mental health court programs in Florida. The mental health court programs section of the Florida Mental Health Act was enacted in



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II. Scope and severity of problem

One of the key questions to be answered regarding mental health courts is whether they reduce recidivism among mentally ill people who become criminal justice-involved. Lowder et al. (2018) indicate that past studies of mental health courts have affected arrests, charges, and the number of days spent in jail. Other studies have shown an effect on recidivism. Lowder et al. (2018) cited one such study in which during a meta-analytic investigation that reviewed 15 quasi-experimental and single-study group studies that were published through 2009, that there was a moderate-sized, positive effect on recidivism; however, the same study was

There are distinct disadvantages to mental health courts as well. These courts are viewed as reactionary programs, offering treatment to those already arrested and charged with a crime (Sarteschi et al., 2011). Limitations on mental health courts include the lack of referral resources, stigmatizing a being labeled with a mental illness, forced medication compliance, criminalization of the mentally ill, and the coercion to plead guilty. Logically, programs should be designed to prevent involvement with the criminal justice system, not just treat the symptoms of an inadequate mental health system.

As noted, mental health courts are not standard. Honegger (2015) reviewed the literature on mental health courts, resulting in 20 articles from peer-reviewed journals on the subject. The articles evaluated mental health courts for their ability to improve psychiatric symptoms, connect people with needed services, improve quality of life, and reduce recidivism. Most of the articles reported favorably on a reduction in recidivism, but few looked at therapeutic outcomes. The problem with mental health courts is that it is still a relatively new practice without sufficient evidence to show it works. The existing studies are noted to be short in duration, lacking in experimental design, and use nonrepresentative samples. The non-standard nature of these courts, coupled with a variance in eligibility criteria, make it difficult to make comparisons to traditional courts. The rapid growth of mental health courts across the country has outpaced the research, and additional analysis is needed.



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III. Problem Statement

A. Definition of problem

Current policy in dealing with the mentally ill who become criminal justice-involved is insufficient in dealing with the increasing number of mentally ill individuals entering the court system. According to the Sentencing Project (2012), as of 2015, it was estimated that over 1.1 million people incarcerated in the United States experience current or prior mental health challenges. This large number of incarcerated individuals with mental health challenges emphasizes the need for identifying practices and policies to reduce these rates.

B. Major stakeholders

In addition to the mentally ill individuals that find themselves in the revolving door of the criminal justice system, there are numerous other entities affected by this group. Families, the community, police agencies, courts, jails, and prisons all have stakes in ensuring that practices and policies are put in place that effectively addresses the challenge presented by the mentally ill.

C. Goals and objectives

The goals and objectives of this analysis are as follows:

- Measure the effectiveness of mental health courts on recidivism
- Measure the effectiveness of mental health courts on treatment
- Measure the effectiveness of mental health courts on costs
- Identify alternatives to mental health courts

D. Measures of effectiveness

Effectiveness on Recidivism

McNeil and Binder (2007) conducted a study to evaluate whether mental health courts can reduce recidivism and violence by those with mental illness who become criminal justice-involved. The study was conducted by comparing new criminal charges of 170 adults who became involved with a mental health court after arrest to 8,067 other adults with mental illness who were booked into county jails during the same time frames. After twelve months, a follow-up was conducted. After that period, of the 170 adults who had agreed to participate in the mental health court, 81 had graduated, 45 were still enrolled, and 44 had left the program. Of the 44, 11 voluntarily opted out, five were removed due to new charges, 11 were removed for non-compliance, and 17 left for other reasons. This study indicated that participation in mental health courts positively correlated with longer times without new criminal charges or violence than that of those who went through the traditional court process. This study at least demonstrated that mental health courts could be an effective method for reducing recidivism and violence for the mentally ill.

Mental health courts have grown in popularity in the United States and are generally accepted as one strategy to reduce the number of mentally ill individuals in the criminal justice system; however, this process has also been criticized. Mental health courts have been viewed as a temporary measure to handle inadequate community resources and the stigma around mental health.

Lowder (2018) found that participation in mental health courts had a negligible effect on recidivism compared to participation in the traditional court process. It was determined that completing the mental health court program had a more significant effect on those who started the program but did not complete it. This study determined a more significant effect on the mentally ill committing less serve future crimes after completing the program than them not committing crimes at all. Only one study has been completed to examine long-term recidivism rates for those completing the mental health court process. The study indicated that 53.9% of the participants studied were re-arrested within five years. This study was limited because it did not compare similar outcomes for those that underwent traditional court processing.

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Lowder (2018) indicates that mental health courts are viewed as possibly obstructing rights of due process. As noted by Sarteschi et al. (2011), there is a concern as to whether participants in mental health courts enter the program voluntarily or are coerced into participation. Miller (1997) stated that there must be a balance between individual civil liberties and public safety. Redlich (2010) interviewed 200 mental health court participants. The majority reported that they had agreed to participate; however, they had never been told that the program was voluntary and did not understand basic court procedures. The court is logical for the mental health community and the criminal justice system to work together. While civil liberties are essential, there must be a point that the court intervenes for the safety and wellbeing of the mentally ill. As quoted by one observer:

In our zeal to protect basic, human freedoms . . . we have created a legal climate in which mentally ill patients, and sometimes the people around them, are dying with their rights on (Treffert, 1973, p. 1041).



Effectiveness on Treatment

One purpose of mental health courts is to divert many mentally ill that are criminal justice-involved into court-mandated treatment programs instead of sending them to prison. Research conducted by Sarteschi et al. (2011) indicates that an advantage of mental health courts is that individuals in this program are linked to mental health treatment. Two Florida mental health courts report that 82% and 73% of their participants were linked to mental health treatment. After eight months, that figure had dropped to 57% but was still significantly higher than traditional courts.

A 2007 RAND study in Allegheny County, Pennsylvania, found that individuals in the mental health court process were connected to mental health programs at a higher rate than traditional courts (Sarteschi et al., 2011). There is the assumption that those individuals would likely not have been linked to treatment without court intervention. In addition, a study conducted in Brooklyn and Washoe Counties indicated the mental health clients cited advantages of being involved in the mental health court process at a rate of 46% and 59%, respectively (Redlich et al., 2010).

In line with the effectiveness of treatment may be the added benefit of decriminalization of the mentally ill. Many such as Fisher et al. (2006) believe that individuals with mental illnesses are being arrested at a higher rate due to untreated mental health illnesses. The belief is that mental health courts is reversing this trend. Helping people into treatment improves the quality of life, reducing the likelihood of relapse, new arrests, and incarceration. Mental health courts help prevent future crimes by offering treatment instead of punishment.

Effectiveness on Costs

Due to the newness of mental health courts, there is limited data on the cost reduction, but the studies that have been done show positive results. One study in Pennsylvania shows that mental health courts saved taxpayers nearly three and a half million dollars within two years (Kaplan, 2007). The study found that mental health courts had the potential to reduce costs, including hospitalization. Another study conducted by Boothroyd et al. (2003) indicates that a Broward mental health court showed that those involved in the program reported less crisis and emergency services than those in the traditional court process.

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IV. Policy Alternatives

A. Description of alternatives

The first thing that is needed to change the course of the mentally ill in the criminal justice system is timely crisis intervention services (Substance Abuse and Mental Health Services Administration, 2014). Seltzer (2005) recommends alternative evidence-based programs to address the issue without violating rights or raising public policy concerns. Education of those involved in the criminal justice system to include law enforcement needs to be done to help understand mental health conditions, teach crisis intervention skills, and provide treatment alternatives to incarceration. If the answer is determined to be a continuation of the mental health court process, in addition to education, standardization of processes and services need to be provided and policy to provide mandatory, not voluntary, involvement for those determined to be mentally ill.

1. Crisis Intervention Services

Evidence suggests that crisis stabilization, community-based residential treatment, and mobile crisis services can prevent individuals from unnecessary hospitalization, ensure less restrictive treatment options, and reduce law enforcement encounters (Substance Abuse and Mental Health Services Administration, 2014). These services can also reduce hospitalization costs while still ensuring proper treatment is received. The premise is that with early intervention, the mentally ill are less likely to have law enforcement encounters and require involvement in the mental health court process.

2. Evidence-Based Programs

Evidence-based treatment programs became a reality in the 1990s once mental health Professionals started relying on science. In the past, the reliance had been on reports of clinical effectiveness. Once studies were done and practices passed a series of rigorous testing with proven clinical and scientific evidence, treatment programs became evidence-based (Resource Center, n.d.). The following programs are just a few of those available: Cognitive-based therapy, Dialectical Behavior Therapy, Exposure Therapy, Functional Family Therapy, Assertive Community Treatment, and Motivational Interviewing. Cognitive Based Therapy helps people change thought patterns. Dialectical Behavior Therapy focuses on social and emotional responses. Exposure Therapy helps people face their fears and anxiety. Functional Family Therapy focuses on respect and acceptance both inside and outside the family. Assertive Community Treatment focuses on providing the best care with a team concept while motivating to make positive decisions. Motivational Interviewing is a counseling method that focuses on moving from uncertainty to making positive decisions to accomplish goals. Prevalence of these community-based treatment programs would give the mentally ill coping skills for handling the day-to-day problems in life, once again reducing the possibility of criminal justice involvement.

“Shifting the responsibility for responding to acutely ill individuals from mental health professionals to police has criminalized mental illness at enormous cost to individuals with the most severe psychiatric diseases, the criminal justice system and society” (Fuller et al., 2015, p, 2). The public mental health system needs to be restored to shift the balance back to the mental health community so that the mentally ill receive treatment prior to their actions catching the attention of law enforcement.

3. Education of Law Enforcement

Police Officers face challenges in how to intervene during a mental health crisis appropriately. This often results in an arrest or, in worst-case scenarios, fatal police shootings. In 2016, one-quarter of all fatal police shootings nationwide involved people with mental health or substance abuse issues (Tate et al., 2016). Law enforcement spends approximately 10% of their time dealing with people with mental illnesses (Dean et al., 1999). Law Enforcement Officers express difficulty dealing with this population due to a lack of training and resources to engage people with mental health conditions. Crisis intervention team (CIT) training is a specialized

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police curriculum that assists in interactions between police officers and the mentally ill. Studies support that CIT has beneficial outcomes for the officer and the mentally ill. The officer has a reduction in force, and the mentally ill benefit from diversion from jails to appropriate treatment (Rogers et al., 2021). Compton et al. (2014) indicated that one study of 180 officers, with about half of them having CIT training, reported that in 1063 incidents, CIT had the effect of more verbal negotiations instead of physical force, with referral to mental health services being the more likely outcome than arrest.

B. Comparison of future consequences

Most would agree that the prevalence of mentally ill individuals in the criminal justice system results from a failure of the publicly funded mental health system (Seltzer, 2005). The unintended consequence of this failure is that law enforcement and the remainder of the criminal justice system are more frequently dealing with the mentally ill. This criminal justice involvement negatively affects the mentally ill and limits their ability to access the community support necessary to manage their illness. Law Enforcement tends to arrest the mentally ill at a higher rate due to the misguided thought that the arrest will get the individual help faster than would otherwise be available (Seltzer, 2005). The prevalence of mental health courts has furthered this assumption. While the courts have shown to be somewhat effective, the continuation of mental health courts continues to hide the underlying issue of the failure of the publicly funded mental health system.

C. Spillovers and externalities

There is more mental health involved incidents involving the criminal justice system daily. The positive spillover from a working policy regarding mental health courts reduces recidivism for those who complete the program. Fidler (2015) indicates that compared to defendants in traditional courts, those involved in mental health courts have lower recidivism, spend more time in the community prior to re-offending and spend less time incarcerated. This spillover has been shown to last a year or longer after completion of the mental health court. The participants have also shown more involvement in community-based treatment programs. The negative externality from the success of mental health courts is the continued blind eye that has been turned to the root of the problem, the ineffective public mental health system. Policymakers have a duty to enact public policies shifting the burden of mental health treatment back from the courts and law enforcement to those in the mental health system that are trained to address the issues.

D. Constraints and political feasibility

Mental health courts were created in response to the inability of traditional courts to adequately address underlying mental health issues of the increasing number of the criminal justice-involved mentally ill. There are concerns with mental health courts covering up the need to overhaul the public mental health system to adequately address mental health needs before an individual becomes criminal justice-involved. Even those such as Judge Ginger Lerner-Wren, credited with running the first mental health court, have concerns.

These court strategies, which look to respond to root causes and the vexing social problems that land on the courthouse steps, are not and were never intended to be a substitute for a comprehensive public health model of mental-health and behavioral-health care in the United States. (Lerner-Wren and Eckland, 2018, p. 160)

For mental health courts to continue to be a practical part of the criminal justice system, changes must be made. Mental health courts should not be the response to the growing number of mentally ill individuals in the criminal justice system but should be a part of a more comprehensive plan devised to ensure mental health courts are the last resort after all other intervention efforts have been exhausted.

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V. Policy recommendations

A. Criteria for recommending alternatives

The policy alternatives were chosen based on the research that has been completed showing that crisis intervention services, evidence-based programs, and law enforcement education on recognizing the signs and symptoms of mental illness and communicating with the mentally ill have proven effective.

B. Description of preferred alternative(s)

The preferred alternative has and will always be proper funding and attention to the public mental health system. This would ensure that everyone had access to equal care. While the upfront costs would be astronomical, the long-range benefits would more than compensate. Unfortunately, as that is unlikely to happen, the next preferred alternative would be effective law enforcement training. As previously stated, law enforcement spends approximately 10% of their time dealing with people with mental illnesses (Dean et al., 1999). According to the International Association of Police Chiefs (2018), responding to situations involving the mentally ill requires officers to make difficult decisions about the mental state and intent of those they interact with. Having the appropriate training and skills to resolve these situations reduces violence and reduces the mentally ill's chances of being arrested instead of referred for treatment. The training does not need to rise to the level of a medical professional. However, a law enforcement officer should recognize the signs and symptoms of mental illness and have the skills to respond and communicate appropriately.

C. Outline of implementation strategy

- 1) Develop a crisis intervention unit in every law enforcement agency
- 2) Identify the officers that will be included in the unit based on their prior record and previous training.
- 3) Initiate 40 hours of Crisis Intervention Team (CIT) training for the officers consisting of recognizing mental health signs and symptoms, de-escalation techniques, and procedures for referrals to community treatment
- 4) Develop community partnerships with the mental health community
- 5) Initiate a memorandum of understanding between law enforcement agencies and mental health providers to ensure a smooth transfer from law enforcement to the provider

D. Provisions for monitoring and evaluation

Monitoring and evaluation are vital to any program. Statistics should be carefully maintained regarding any instance that the CIT team is called out. Successful interventions that did not result in uses of force and arrest should be tracked. Surveys should be conducted from both the law enforcement officers on the team, the subjects of law intervention, and the Administration of the Agency to determine their thoughts on the program's effectiveness. If statistics do not support that the program is successful, a re-evaluation should occur.



About the Author

Angela Gordon, Regional Director

Angela Gordon is the Director of Institutions for the Florida Department of Corrections in Region I. Ms. Gordon started her career with the Department in 1994 as a Correctional Officer at Mayo CI prior to moving into Classification and promoting through the ranks to her current position. Ms. Gordon provides oversight for 15 state correctional institutions and limited supervision for 4 private correctional institutions. She currently has the responsibility for over 6000 staff working in Region I and approximately 27,000 inmates that are currently incarcerated in her Region.

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Statewide News

Joins Strike Team Providing Public Safety

Providing public safety is a fundamental goal of Community Corrections, as messaged throughout the FDC Big Rocks, Code of Conduct, Oath of Allegiance, and Community Corrections Mission statement.

During the past 2 months, Circuit 5 staff have partnered with the Unified Drug Enforcement Strike Team consisting of the Marion County Sheriff's Office, Ocala Police Department, the Department of Homeland Security, and the DEA, the Lake County Sheriff's Office, and the Mascotte Police Department, to conduct searches on offenders based upon information from the community. As a result of these searches, Cocaine (over 4 kilos), Oxycodone, MDMA, Methamphetamine, Marijuana, 800 narcotic prescription pills, 5 guns, 10 knives, various ammunition, and \$21,859.00 in cash was discovered. Not only were the offenders involved arrested for a Violation of Probation, new charges of Trafficking in Cocaine (2 counts), Possession of a Firearm by a Convicted Felon (2 counts), Possession of Oxycodone with Intent to Sell, Possession of MDMA, Possession of Cannabis more than 20 grams, and Possession of Drug Paraphernalia were levied by the local law enforcement agencies. As evidenced by these searches, maintaining a positive relationship with community partners and swift action are integral to providing public safety.



Recruiting for Tomorrow

On November 9, 2021, Correctional Probation Supervisor (CPS) Russell Robbins, Correctional Probation Specialist (CPS) Jason Catrett, and Correctional Probation Specialist (CPS) Tory Hussey from the Marianna Probation Office (141) represented Circuit 14 and Community Corrections at a Career Fair through Chipola State College and CareerSource in Marianna. High school students from Calhoun, Holmes, Jackson, Liberty, and Washington Counties attended the Career Fair. The Career Fair provided an opportunity to promote a career as a Correctional Probation Officer (CPO) and to demonstrate the role of a CPO to high school students in the area. Supervisor Robbins, Specialist Catrett, and Specialist Hussey were able to meet students and answer questions about a career in Community Corrections. This was a great opportunity to inform students about what we do and the impact our probation officers have in our communities. Hopefully, some seeds were spread, and this event bears some future CPO's



Statewide News

Toys for Tots



On Friday, December 3, 2021, 13 probation officers, four supervisors, Employee Specialist Bryanna Elliott, Deputy Circuit Administrator Derek Gibson, and Circuit Administrator Michelle Johns volunteered with Toys for Tots in West Palm Beach, Florida. We all arrived eager to give back to our community.

The coordinator for the agency explained the history and structure of Toys for Tots. The organization has delivered hope since 1947, distributed 604 million toys and supported 272 million children to date. The coordinator provided everyone with their duties. We were in a large barn style facility which was sectioned and divided for children of all age groups. We unloaded trucks of donated toys, counted, and sorted the toys

based on gender and then bagged them for local 501c3 approved organizations within the community. We loaded several vehicles full of toys and bicycles.

We sorted over 1000 toys, books, clothing, and stocking stuffers for children ranging from ages 0 to 17 years of age. It was such a humbling experience. The coordinator was happy to have us and requested our future assistance.

National Night Out

Circuit 18 Community Corrections staff contributed to outstanding Community Outreach initiatives in October 2021.

On October 13, 2021, Circuit 18 State Probation Officers and Community Corrections staff from the Melbourne Field Office (181) participated in National Night out with the Melbourne Police Department and other community providers such as Health First Medical to promote police-community partnerships and to work to make the neighborhoods safer. National Night Out is an annual national community-building campaign that promotes partnerships with the community and law enforcement providing neighborhood camaraderie. It provides a great opportunity to bring law enforcement and communities together under positive circumstances; with hopes that together, we can make our communities safer and more caring places to live.

Thank you goes out to Senior Supervisor Darrell Costellic, Supervisor Derrick Ingram, Supervisor Brett Decatur and Officers Jenene Johnson, Natasha Willis, Tracy Hollis, and Employment Specialist Tiffany Raymond for their participation in this worthwhile event.



Drug Rehab Clinic Owner Charged with Selling Fentanyl

Seminole County (October 26, 2021) - Agents from the Seminole County City County Investigative Bureau (CCIB) have arrested the operator of a local drug rehabilitation center on charges of selling fentanyl and possession of cocaine out of her place of business and her home.

Misty Leigh Gilley, 50, was arrested Monday evening at the Simply Recovery Center in the 400 block of State Road 434 in Altamonte Springs. Gilley sold the narcotics to undercover agents at her place of business, as well as her home on 2nd Street in Altamonte Springs. Agents found evidence of illicit drug use in the same room where Gilley held peer-to-peer group therapy sessions at the treatment center.

"For this individual to prey on what we consider to be one of the most vulnerable populations makes me speechless," said Sheriff Dennis Lemma. "This woman took advantage of those individuals who were actively seeking help on their recovery journey."

As of this week, there have been 105 drug overdose deaths so far this year in Seminole County, a 21% increase from this time last year. Sheriff Lemma considers this increase to be partially caused by the unintended consequences of COVID-19, and he is concerned about what the status of the opioid epidemic will be once COVID-19 begins to clear.

"I'm proud of our team who acted swiftly to bring her into custody and hold her accountable for her actions," Sheriff Lemma said. "I never thought we would have to be worried about someone running a drug treatment facility dealing and administering drugs on the inside of the location. It's a sad day in our society when you can't even trust the locations that claim they are helping to get you clean."

Gilley was booked in to John E. Polk Correctional Facility on \$49,500 bond. Early Tuesday morning, she posted bond and was released. The investigation has been turned over to the United States Drug Enforcement Administration.



Sheriff Lemma encourages those needing substance abuse treatment to reach out to the SCORE Team at the Seminole County Sheriff's Office by calling (407) 665-6650.

Just Income GNV



The Gainesville Office (080) has partnered with Community Spring, a nonprofit focused on reducing poverty and increasing economic mobility, to pilot a new project called Just Income GNV. This is a guaranteed income project that will provide monthly payments to 115 randomly selected justice-impacted people. The individuals selected will receive \$1,000 for the first month beginning in January 2022, and then will receive \$600 per month for an additional 11 months. The goal of this program is to reduce barriers to successful reentry into the community. This program was designed by formerly incarcerated individuals who want to make a difference in providing people the resources necessary to avoid recidivism. This program is privately funded and supported by Gainesville Mayor Lauren Poe. The data from this study will be evaluated by the Center for Guaranteed Income Research at the University of Pennsylvania and Dr. Lucius Couloute from Suffolk University. A special thank you to the team at the Bureau of Research and Data Analysis. We could not have provided the data for this project without you!

Employee Spotlight

Debra Garcia

Community Programs Supervision Specialist
Probation Division of the Broward County
Sheriff's Office



Debra Garcia is a Community Programs Supervision Specialist (CPSS) within Probation Division of the Broward County Sheriff's Office (BSO). Mrs. Garcia has over 23 years of service with BSO and over 30 years of professional service with the county of Broward. Mrs. Garcia is the epitome of a dedicated team member who upholds the mission of the agency and holds herself to an even higher standard. Passionate about the success of the division, Mrs. Garcia works tirelessly to ensure that all measures are exhausted in assisting clients and encouraging their compliance towards successful completion of court ordered conditions. Mrs. Garcia has worked in every aspect of the division to include reporting probation, Misdemeanor Division Program, probation intake, and the Court Liaison Unit where she currently serves as the point of contact between court services and the Probation Division. A wealth of knowledge, Mrs. Garcia has been tapped on numerous occasions to assist with training new team members and has been called upon by seasoned team members for guidance. Mrs. Garcia is well-respected within the criminal justice community and is an asset to the agency. Mrs. Garcia has encouraged participation in community events, like the Breast Cancer Walk as seen in the photo and organizing food and toy drives. It is a pleasure working with Mrs. Garcia and her leadership will have a lasting impression with the agency.

FACC Sponsors

FACC would like to welcome our two new Gold Corporate Members!
Check out their websites by clicking on their logos below.



Welcome Secretary Ricky D. Dixon!



Ricky Dixon has served the Florida Department of Corrections for over 25 years in various capacities through out the state. He was most recently appointed as Secretary of the Department. His career began as a Correctional Officer at Lancaster Correctional Institution in 1996. He promoted through the security ranks and was later appointed as Correctional Officer Colonel at Florida State Prison in June of 2005. Following his appointment, he gained experience as an Assistant Warden at Martin Correctional Institution and Okeechobee Correctional Institution, served as a Warden at three State Correctional Facilities, and as Region I Director of Institutions.

He obtained as Associate of Arts Degree prior to his employment with the Department and later earned a Bachelor of Science Degree in Criminal Justice while working as a Correctional Officer.

