OUTCOMES: A Diversion Program for Mentally Ill Offenders

Sana Qureshi1, The Honorable Steven Leifman2, Tim Coffey2, Regina M. Carney1
1) University of Miami, Department of Psychiatry and Behavioral Sciences; 2) Eleventh Judicial Circuit Court of Florida

SUMMARY:

1,000 people with serious mental illness are admitted to Florida jails annually. In fact, Miami-Dade County jail system in Florida has been described as the “largest mental institution in the state” (Towle, 2011). Over 1,000 inmates yearly are found incompetent to proceed and are committed to state hospitals. Commitment to state hospitals for serious mental illness varies across the state. Once individuals leave state hospitals, they are discharged to their original communities, often returned to a life characterized by delinquency and criminality. Unfortunately, without adequate support, these individuals often return to incarceration. In order to provide an effective resource to reduce the number of mentally ill persons having frequent contact with the criminal justice system, the Miami-Dade County Forensic Alternative Center (MD-FAC) program was established.

The Miami-Dade County Forensic Alternative Center (MD-FAC) was established in 2009 in response to the growing number of individuals with mental illness committed to the county jail. The goals of MD-FAC are to provide psychiatric stabilization and competency restoration, with the ultimate goal of successfully reintegrating individuals into the community.

METHODS:

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

RESULTS:

The average length of stay at MD-FAC inpatient unit was 1/3 less than the length of stay at a state hospital.

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, as well as the sale of 3/2 and 2/3 of the length of inpatient stay in comparison to a patient admitted to a state hospital.

CONCLUSIONS:

• Patient populations were comparable in demographic factors.

• Patients admitted to MD-FAC were found to have lower recidivism rates in comparison with those admitted to a state hospital.

• An admission to MD-FAC doubled the chances that the patient would not return to jail in the following year.

• 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.

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The graph below demonstrates that a number of conditions that lead to the number of mentally ill offenders with mental illness to our jails and prisons.

Patient populations were comparable in demographic factors.

References:


The graph below demonstrates that the number of individuals formally convicted.

Patient populations were comparable in demographic factors.

• Costs per inpatient admission to MD-FAC and state hospitals.

• Recidivism rates (jail bookings for committing new offenses, parole, warrants, and violation) are reduced.

• The time spent in jail the year following discharge.

The graph below demonstrates that the number of individuals formally convicted.

Comparison criteria for recidivism were:

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