Process Evaluation of the Mental Health and Substance Abuse Expansion Project of the Palm Beach County Pretrial Services Program

TECHNICAL ASSISTANCE REPORT

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Process Evaluation of the Mental Health and Substance Abuse Expansion Project of the Palm Beach County Pretrial Services Program

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INTRODUCTION

In April, 2009, the Palm Beach County (PBC) Justice Services Division, in conjunction with the PBC Criminal Justice Commission and other entities, submitted a request for funding to expand the mental health and substance abuse response capabilities of its Pretrial Services Program by hiring a full-time court program specialist [hereinafter, the Grant]. The request sought three years of funding for this position, but only received funding for a one-year pilot effort at a level of approximately $53,000. The Grant contemplated a process evaluation at the end of four months of operation and an outcome evaluation at the end of the first year of operation. These evaluations are to be done by the Bureau of Justice Assistance-funded Criminal Courts Technical Assistance Project at American University’s School of Public Affairs’ Justice Programs Office (JPO). Sr. Judge Charles D. Edelstein, of Miami, Florida, a JPO Senior Fellow, was assigned to do the first evaluation. He made two site visits to Palm Beach County over the course of the evaluation: June 21 - 23 and July 12 - 14.

This report has three main parts. The first is an assessment of the processes and, to a limited extent, outcomes of the Grant as implemented to date. The second discusses some concerns relevant to the effectiveness of the program. The third contains the consultant’s observations on the possible elimination, due to the county’s fiscal crisis, of essential mental health and substance abuse intervention support services in Palm Beach County, a matter that was coming to a head during the consultant’s site visits in June and July. The second and third were not core parts of the contemplated evaluation, but due to events arising, in large part, since the initial Grant application of April 6, 2009, they warrant addressing at this time. Because these matters were not part of the requested evaluation, no additional resources were available to investigate them in depth. They are presented as impressions from the site visits and reviews of statistics and documents over the course of the evaluation.
On September 3, 2010 Ms. Chelsea Cooke resigned from the Court Program Specialist position, the subject of this evaluation, for a unique opportunity to further enhance her professional experience. At the current time recruitment efforts to fill the vacancy are underway, and the target time frame for filling the position is projected to be sometime in November.
I. ASSESSING PROCESSES AND OUTCOMES

A. RESEARCH METHODOLOGY

Program evaluation uses four basic processes: interviewing those with knowledge of the program, observing program activities, collecting and analyzing existing data and creating and analyzing new data. Twenty-four people were interviewed in depth, and in some cases a second contact was necessary to complete the interviews. There were a dozen or more brief interviews. Appropriate acknowledgements and a list of the 24 interviewees are in Appendix A.

At the County Jail, observation was done from 6:30 am til late morning on two mornings. Preliminary processing by the State Attorney’s staff, the pretrial staff and the program specialist was observed. This included observing the staff/inmate interviews and the activities of the participants at 2 first appearance calendars. Medical intake and screening in the jail were observed and inmate activities in the female mental health pod were observed as well.

Existing data were collected and analyzed. Mr. Charles Trotta, Ms. Chelsea Cooke, the program specialist and others from Mr. Trotta’s staff undertook additional data collection and compilation to assist the evaluation.

B. THE GRANT AS ENVISIONED

1. Background

Before turning to the specifics of the Grant, some brief contextual data are in order. About 17% (about 500) of the average daily population of the Palm Beach County Jail (PBCJ) receive some type of mental health services. Eighty percent, about 2400 of the 3000 inmates, have a substance abuse problem. The average length of stay is said to be 33 days for the general population and 60 days for those with mental health problems, all this at what is said to be a cost of $123.00 per bed-day. About 25% of the homeless population in Florida suffer from a serious mental illness and over
half of these have spent time in jail or prison. “People with Serious Mental Illness who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, experiencing co-occurring substance use disorders.” See the *Palm Beach County Strategic Plan*, pages 4-6. See, also, *Transforming Florida’s Mental Health System* (November 2007) at: http://www.floridasupremecourt.org/pub-info/documents/11-14-2007-Mental-Health-Report.pdf.

Recognizing and responding to these realities and their impact on the community, on March 31, 2009, the Palm Beach County Criminal Justice Commission held a “Summit on the Criminal Justice, Mental Health and Substance Abuse Reinvestment Act Strategic Plan.” Among other items, it endorsed: expanding the Pretrial Services Program to provide more specialized staff to address mental health/ substance abuse issues; improving information sharing among criminal justice agencies; judicial coordination of releases; more timely and robust information for the Judiciary; and enhanced judicial-treatment communication.

The *Palm Beach County Strategic Plan*, issued on April 13, 2009, urged in its criminal justice section that more timely and robust information be made available to the First Appearance Court; that there be better coordination of case management; just- in- time information flow; and judicial coordination of release time, among many other things. Meanwhile, on April 6, 2009, the Grant paperwork was submitted, having been initiated during the Criminal Justice Commission deliberations that had led up to the Summit and meetings related to development of the county’s overall *Strategic Plan*.

The Grant application, also focusing on the critical judicial intake point for newly arrested defendants, states that there exists a lack of cross-entity flow of information in executing the pretrial release process and overuse of paperwork, leading to a lack of hands-on oversight and routine follow-up. It cites a lack of clarity over who is to perform assessments of new arrestees, lack of timely
follow-up, and other issues. The application, perhaps overly optimistically in light of the assumption that collateral improvements in the criminal justice system, most notably improved automated information capabilities would timely take place, called for the hiring of a full-time court specialist who would be primarily responsible for redressing these identified deficiencies in the pretrial process for defendants with mental health and substance abuse problems. Upon receipt of the one-year pilot grant, the county advertised the position and hired a well qualified individual, Ms. Chelsea Cooke, to fill the Court Specialist position, effective January 2010.

2. Goals, Objectives and Outcomes

Taken from the Grant application, “The goal of the project is to provide the First Appearance Court with a multi-directional conduit through which in-custody individuals who are ordered for MH/SA services receive timely assessments/evaluations, follow-up, and release from custody as well as subsequent intensive case supervision/management of those released on Supervised OR (SOR), while keeping the Court abreast of individual/case progress or lack thereof.”

Some of the objectives include providing the First Appearance Court with the defendant’s history of drug use and mental health and drug use treatment; prompt follow-up and coordination of first appearance court-ordered MH/SA evaluation/placement orders; timely release; specialized pretrial supervision; and feedback to the court regarding the client population during the pretrial phase of the case.

The key desired outcomes are: a decrease in the amount of time between referrals and the receipt of services, a decrease in the clients’ number of days of incarceration in the County Jail, a decrease in the incidence of violations of SOR warrants, and a decrease in recidivism among this client population. Also identified as desired outcomes were: improving the assessments and possibly increasing the number of defendants referred for treatment, especially those identified by SOR case
managers as needing services, and getting them those services promptly; and, finally, more proactive communication of Baker Act referrals and follow-up. All in all, quite a tall order for one person and daily flow of a 100 or so defendants.

3. Processes

According to the Grant, Pretrial Services [PTS] is to be the focal point for neutral information for the court and focal point for treatment services for the client population. Prior to the first appearance hearing, the court specialist will assist in the intake process by collecting and disseminating relevant information, including screening the brief mental health interviews done by PTS intake staff.

After the first appearance hearing, the specialist was to promptly relay to the service providers information collected during PTS interviews and notify them that they will be receiving the documents directing them to provide services, follow up on the receipt of the documentation and the status of the providers’ efforts, assist in insuring the service are timely provided, and report back to the court when needed.

The Intake Standard Operation Procedure [SOP] for the Court Specialist tracks and fleshes out the processes described above. It is presented in summary form below:

7:00 - 7:45am - Screen Brief Mental Health (BMH) interviews to determine if the defendant meets referral criteria. Contact case managers re defendant’s current location and availability for treatment.

7:45 - 8:15 - Meet with South County Mental Health Center (SCMHC) and Oakwood Center (OC) representatives, provide them with copies of the screen for qualified defendants and assist them in identifying any of their patients already in treatment or who they may need to interview prior to the hearing.

8:15 - 9:00 - Screen mental health interviews for add-ons and others not interviewed.
9:00 - 9:15 - Provide SCMHC and OC representatives with copies of BMH screening for defendants who do qualify for referral.

9:15 - 9:30 - Provide First Appearance Judge and Pretrial Court Rep with mental health information on defendants.

During court hearing - assist the court re MH screening and referral.

Post First Appearance Hearing - follow up with SCMHC and OC reps regarding those in treatment who are court ordered to SOR and follow up on those who were to be MH assessed by court order and Baker act cases.

11:30 - 3:30pm - Follow up on First Appearance Hearing orders, update data entry, ensure timely release of defendants, intensive supervision of SOR population.

C. THE GRANT IN ACTION

The above SOP was written at the early stage of the project. Some of the activities called for are not being done, and others are being done which are not in the SOP. The specialist has created, maintains, updates, and disseminates information in an Excel spread sheet, which is in lieu of the upgrade of the criminal justice information system which was to support the Grant. At the time of the Grant application, the information system upgrade was anticipated to be online in October 2009; it is now expected to be online in September 2010. The Palm Beach County Information Systems Services Division is charged with supporting a wide range of divisions and programs with what appears to be a very small staff of information system professionals. When budgets are tight, a frequent response is to eliminate new hires or furlough existing staff. Unfortunately, the workload on the information systems division often grows as other division heads are faced with eliminating existing staff or failing to hire new staff and may look to refining automated information systems to make their existing staff more productive. Prior to and during the first appearance hearing, many family
members of the defendants are in attendance. They are typically frightened, unsure of the process and of what is happening to their loved one. They need immediate reassurance, information and guidance. The court specialist and SCMHC and OC representative are there to help. At times, a distraught family member becomes irate and poses a threat to proper decorum of court proceedings and even may have a potential for violence. The court specialist and SCMHC and OC staff, have defused these situations.

The First Appearance Judge is now receiving information from a nationally recognized instrument used in many Florida Courts which is being reviewed prior to presentation to the court. In the first eight operational months of the Grant, a total of 12,392 detained defendants were interviewed and 2,168 were identified as candidates for more in depth assessment and possible referral to treatment. Of these, 742 were referred to treatment agencies; in percentage terms, 29.5%. The average number of days from arrest to release was just under two days. [For a detailed breakdown of project activities over the operational period January – August 2010, see Appendix B: Pretrial Services Mental Health Report].

Unfortunately, there were no hard data available about the front end of the system prior to Grant implementation against which to compare Grant activities. Interviewees were asked if they were employed in system for the year of 2009. If they answered in the affirmative, they were asked if they were employed for the first five months of 2010 in the same capacity as they were during 2009. They were then asked if they had enough knowledge of the front end of the system covered by Grant activities to venture their observations of this part of the system. Those who answered all three questions in the affirmative were asked if they detected any changes, positive or negative, as a result of the Grant.

Most said they noticed much better coordination of people and functions as a result of the
court specialist’s activities. They cited better tracking and monitoring of referrals as improvements. The use of a consistently applied screening device was seen as a very positive development. Data collection, compilation and reporting which were not done before are now being done by the specialist. An area of concern with the position was not providing the amount of intensive supervision of SOR releasees as contemplated. Two interviewees attributed this to the data collection efforts that the specialist had to provide. Most felt the caseload was much higher than anticipated and more than one person could handle.

The following flow chart prepared by Ms. Cooke displays the current operation of the system. From observation and interviews, it is an accurate depiction of the process at this time.

![Criminal Justice Flow Chart](chart.png)
At a greater level of detail is the processing prior to PTS intake. When a person is booked at the jail, an intake screening instrument is immediately administered. It asks questions directed to the arresting deputy about the medical and mental actions observed of the arrestee. It then provides observations of the intake deputy of the arrestee and answers of the arrestee to questions asked by the intake deputy regarding physical and mental status. If there are answers requiring further screening, the intake nurse is notified and the nurse interviews the detainee.

During the walkthrough with the jail nurse, there were several incidents in which she was called to examine new intakes. One was a possible MERSA case which she referred for medical follow up. Another was an inmate who had a human-inflicted bite on his abdomen. It initially called for a mental health screen, through which it turned out that the incident was the consequence of a domestic incident between the inmate and his girlfriend. The nurse did an intake interview of a young woman who was referred for an assessment by the GEO psychologist in the jail because she was clearly depressed and on psychotropic medications.

These actions occur at the earliest stage of the defendants’ intake into the system and the results of these screens are not routinely available to PTS intake staff or the court specialist.

What is missing from a review of the flow chart is the pace of the processing at the front end of the system. Early in the morning, various data bases are accessed to begin the data collection needed to support this phase of the system. Piles of paper accumulate rapidly to build the files which support the intake screening. Often, over 100 new intakes will be screened and many of them interviewed in a “bull pen”. The average interview time is about three to five minutes. There is no privacy since three to six PTS staff will conduct these interviews under the watchful eye of several deputies.

In sum, the court specialist did most of the activities called for in the Grant and the SOP, and
performed them with vigor and enthusiasm. She achieved more than could reasonably be asked under difficult circumstances. She was not required by the Grant to develop an information system, make it work, and then disseminate information to support the Grant’s activities. But she did and did it so well that the system looked to her for data they needed but did not have. Another task not called for in the Grant was to be an informal liaison between the court and the distressed family and friends of the defendants at the high volume first appearance hearings, as noted above. This consultant, along with many others, was involved in the establishment of many processes and procedures in the formation of first appearance court in Dade County in the early 1970s. As a county court judge sitting in Florida and as a consultant in many studies at home and elsewhere, it is clear that this young woman displayed confidence and maturity beyond her years. She will be missed by the Palm Beach County Justice System, and has left a high threshold of performance for her successor.

II. SOME CONCERNS

A new Mental Health Collaboration Program to focus on a small group of treatment resistant, frequent, low level, female offenders is in the process of formation and implementation. Fortunately, the right players are at the table, and the leadership, under Judge Krista Marx and others, is fully cognizant of the possible duplication of processes and the need to help create a workflow that works most efficiently and effectively for the MH/SA populations generally. The committee meeting attended by this consultant showed a willingness to tackle problems in an open and candid fashion.

Most interviewees decried the lack of housing options for this client population. As part of the shared concern regarding the homeless, an extraordinary Ten Year Plan to address these concerns was created. All of the right players were at the table, the processes employed were highly participatory,
and the tone of the Plan is unusually candid for such reports. It was rightfully adopted by the County Commission and the Homeless Advisory Board. It identified current resources and described bed capacity needs for 24 emergency beds, 581 transitional, 233 permanent family and 301 individual beds. Prisoners released from jail/prisons were seen as an under-served population.

New beds are but a part of the Plan. Progress is being made in many areas. A new “one stop” comprehensive service and residential facility is said to be coming on line next year. Unfortunately, it will have but 60 beds with a 90-day time limit of occupancy. Even with a 30-day average length of stay, it falls far short of the needed beds and encourages short stays when longer ones may be better to reduce the risk of homelessness and the revolving jail door.

There are multiple MH screens being done. They start at the jail, as noted above, and continue during the preparation for the First Appearance Hearing. After referral, the receiving agency has its own screening forms. To some extent, this cannot be avoided. Each screen is tailored to the needs of the agency doing the screen. Exchanging data from these screens is difficult. Most are not automated and HIPPA issues cloud information exchange. To the extent the screens rely on self-reporting without other verification, they may be misleading.

Accurate self-reporting with much of this client population is inherently problematical. This notion appears in the Strategic Plan and was supported by the comments of several knowledgeable interviewees. Its limitations are further apparent during the PTS interviews in the bull pen. While many inmates are focused on the interview and seem to try to answer the questions on the mental health screen, it may be that some are less than forthcoming because of the lack of privacy and confidentiality. A problem is space at the jail. The existing space could be reconfigured to provide small, one-to-one interview cubicles, but they might be too few in the current space for efficient processing of the huge volume of detainees prior to the hearing.
A constant concern raised in the *Strategic Plan* and elsewhere is the lack of funding to deal with this very difficult client group. Rehabilitation services can range in cost from a few dollars a day per recipient to much more for residential placement and treatment. Homeless housing is best done in single room occupancy facilities. Dorms have a place but discourage the homeless from moving off the streets. Jane Addams proved this a long time ago. Dedicated funding for homeless housing has been done. Many interviewees were familiar with the dedicated bed tax funding as in Miami-Dade County. There are other mechanisms, but this discussion is beyond the scope of this report.

Because the effectiveness of medications to stabilize these client populations is growing and some now can be given less often than daily, making them more accessible can reduce relapse and re-arrest. The problem is access. Many interviewees as well as the *Ten Year Plan* and *Strategic Plan* call for increasing client access to these medications. Storefront and/or mobile dispensaries and working with drug store chains to dispense them in more locations would go a long way to overcome the access problem. A free lunch given after the client takes the meds might encourage compliance. In conjunction with this observation, several interviewees cited the growing unavailability of bus passes to allow this largely immobile population to access rehabilitation sites. This dooms some to violate terms of release and/or probation – which means more jail time for non-compliance.

**III. COMMENTARY ON POSSIBLE ELIMINATION OF SUPPORT SERVICES**

This Grant and other Palm Beach County initiatives are intended to improve the speed, quality and effectiveness of the front end of the caseflow process, particularly with respect to defendants in need of treatment intervention. Achieving these objectives depends upon the availability of timely, quality evaluations, prompt delivery of appropriate services, especially
treatment services, and a range of housing opportunities. Many of these services have been provided over the years by the Sheriff’s Office Substance Abuse Awareness Program (SAAP). Without these and other such services, improving the front end of the adjudication process is little more than pushing people through the revolving door faster. It is often said when programs are cut back, better a little program left than none at all. In this instance, it might fairly be said that the improvements to the front end of the system without the services to support them provide little more than the illusion of progress.

The County is facing pressing demands from many worthwhile programs while seeing revenue drop sharply. This is not a propitious time to be a county commissioner. The Sheriff has prioritized his mission and announced the virtual elimination of SAAP. To let these programs die in the hope they may be revived when better times return is likewise an illusion.

Consultants do not write or speak in the first person. This consultant will do so now and for the first time in 40 years of consulting. Because the Grant activities are so dependent on the services to be eliminated and the consequences to the Palm Beach County Criminal Justice System are so severe, silence is not an option.

In the course over the last two years of doing my 15th or so jail overcrowding project, this time in Brevard County, I saw firsthand how the prospect of ending the NASA space program cast a long shadow over the county. County officials, legislators, the business community, and others pointed to the history of the space program and argued that once eliminated it could not be revived except at great cost, if at all. The expertise of the engineers and staff and the cooperative relationships within the agency and with outside agencies and suppliers, built over time, are lost. If terminated, the SAAP program will most likely suffer the same fate.

There are options. Many of the existing staff of SAAP could be transferred to an appropriate
county agency. A well done, outside, efficiency study could lead to significant cost savings and tightening of the mission and its delivery. The failure to keep the program alive will most certainly lead to jail overcrowding. A study done September 2, 2009, by the Palm Beach County Criminal Justice Commission supports that view and so does this consultant.

An overcrowded jail leads to a compromised classification system resulting in increasing violence in the jail, often suffered by the correctional officers. As the stress goes up, so do sick calls and more inmate days in medical treatment, more sick days among correctional staff and the potential for the spread of infectious diseases. Moreover, inmates who are employed upon release often find work in the food service industry.

When there is violence in the jail, occasionally law suits are filed seeking damages for the injury or death of an inmate or a correctional staff person. Both federal and state courts have jurisdiction. Overcrowding is often cited a factor in the injury or death. Jails are tense, dangerous places. The threat of violence hangs in the air and the risk of a riot, though fortunately very rare due to the quality of jail leadership and staff, remains a threat.

Diversion from the system, done responsibly, is cheaper than jails. The 2009 Final Strategic Plan Report done for the Palm Beach County Criminal Justice, Mental Health and Substance Abuse Planning Council fills over 50 pages documenting and fleshing out this concept.

The Ten Year Plan to End Homelessness in Palm Beach County, adopted by the Palm Beach County Board of County Commissioners and the Palm Beach County Homeless Advisory Board in 2008, stresses the need for effective and adequate services for the homeless mentally ill, many of whom are substance abusers and frequently caught in the revolving door of jail, the streets and more crime and arrests. For a copy of this exemplary report, see:

Every jail bed is a precious and expensive community resource. The funds to build, maintain and staff them are limited. These jail needs conflict with all the other needs that the public has for a functioning society. Every jail bed can be a teacher not hired, a bridge poorly maintained, a police officer laid off, a replacement for an aging fire truck deferred or simply a county park overcome with weeds.

Jails have fixed costs that cannot fluctuate with temporary changes in inmate population. An example is the Brevard County Jail. In 2008 the inmate population peaked, with almost 2000 individuals in a jail with a rated capacity of 1700. For a number of reasons, the population declined to just over 1400 and is now close to the facility’s rated capacity. Jail staff remained at the same level but some costs, such as food and the like, declined. Firing staff during the brief dip in inmate population is not workable or often done. When the jail is over capacity for a long period, the pressure to build more jail space can become irresistible. A new jail is built, which, amazingly, is often full soon after it is opened. The daily inmate cost estimates rarely include the cost of the new building, amortized over its useful life span. The cost of the personnel to run the jail far exceeds even the cost of construction. Avoiding building new jails leaves precious dollars for other public goods.

IV. CONCLUSION AND RECOMMENDATIONS

A. CONCLUSION

The intake process for an individual entering the county jail system relies, in large part, on the interpersonal relations among some of the staff, both corrections and civilian, as contrasted with a centralized, monitored and regulated information sharing processes. Based upon limited data, there does not seem to be a formal record keeping system in place for some of the agencies such as service providers for defendants who are court referred for services.
The current practice appears to be comprised of individually, often informally maintained but probably effective information systems. The information system should include those defendants having a history of mental health evaluation and treatment, those who are currently receiving treatment/services and finally, those who are referred by the court for evaluation/treatment.

As noted earlier, one common complaint was the reliance upon self reporting of mental health status and treatment. The jail intake form has significant observational data of the detainees from both the arresting officer and intake deputy, which could be valuable in the screening and referral functions of support agency staff. There appears to be a good deal of information available but distribution seems incomplete. Particularly with a new Mental Health Court grant having been recently received by the county, the time is ripe for a complete look at the workflow and information flows at the front end of the court system.

Succession planning often given little attention in the public sector. Funding is not often available to overlap staff who are leaving the agency or their function within an agency. So the new hire or newly promoted may walk into a job and environment with little preparation. When the information systems are the product of individual initiative, the information system may be abandoned or the data unclear. Even in good times, succession planning is spotty, in times of budget cutting, it may be abandoned all together.

In addition to the Grant being evaluated, the Palm Beach County Justice Services Division sought additional funding to hire a second Court Program Specialist to handle some of the tracking and follow up for the PTS Supervision Unit. Both that person and the existing Court Program Specialist would be cross trained and provide backup for each other. Some overlap on weekends might be possible. Given current budget issues a part-time contractual hire may be an option.

The Grant for the existing Court Program Specialist calls for an outcome evaluation at the end
of the first year of funding. Because the automated information system will not be on line until September, 2010, at the earliest, and since some supplementary funding for the current position has been identified, delaying the evaluation until early in the next year's budget cycle, perhaps late February or early March, would provide a more reliable evaluation. With more data sharing and the new automated system, the evaluation criteria can be refined. It is clear that the success of this Grant hinged upon a high level of cooperation among the agencies at the front of the system and the criteria should take that into account. Director Trotta, Mr. Damir Kukec, Research and Planning Manager, Chip Urback and Prashant Varak of ISS, Court Program Specialist Chelsea Cooke, and agency representatives could shape the process. The final evaluation, to be done in July 2011, should require little additional data collection if all the information flows properly.

B. RECOMMENDATIONS

At the time of this writing, the Palm Beach County Commission is wrestling with creating a budget with ever more limited funds and ever-growing demands on them. The recommendations below are more timely than when this evaluation process was begun. The number of beds for the criminally accused mental ill and those with both mental illness and substance abuse issues will most likely be significantly reduced. Even now, they are but a fraction of those recommended by the Ten Year Plan. There will be great pressure to reduce the average length of stay for occupants of those beds. Outpatient treatment may suffer as well. Longer term follow-up and support will probably suffer as well. At the same time, as people lose their jobs and homes, and as greater strains are placed on individuals and family, the number and rate of divorces and separations of the cohabiting will likely climb. How much of this puts increased strains on the justice system cannot be predicted. But from past experience, there is a significant probably that the justice system’s criminal, juvenile, domestic violence, and child support segments will feel the strain. With these ideas in mind, the
following recommendations are presented for discussion by the justice system and, hopefully, the community.

**Recommendation One:** Better screening to identify those most likely to benefit from treatment and to identify the intensity and duration of treatment is essential. The word triage fits.

**Recommendation Two:** Better screening requires timely, accurate information of evidence of past mental evaluations hospitalizations and outpatient treatment. Since most providers do not have information systems that communicate with other providers and users, better, more formalized interagency communication is critical. There is neither the time nor money to create an ideal information-sharing system.

**Recommendation Three:** The number of mental health screening interviews each individual goes through should be minimized, and redundancy reduced.

**Recommendation Four:** The validity and reliably of the defendant interviews can be affected by the setting in which they take place. Interviewees are entitled by law to confidentiality during the interview and the results distributed appropriately. This information can legally be shared; the law places reasonable limitations, but allows dissemination of this information.

**Recommendation Five:** Consistent, persistent monitoring of those receiving treatment and other services with a view to developing an accessible data base which enhances the ability to better predict what works with this client population and what does not is needed. The Mental Health and Substance Abuse Expansion Grant was designed, in part, to do just that. It needs further support in the form of the funding of a second grant that has been requested by Pretrial Services. A little money spent on this grant request can enhance monitoring and support in a very cost effective manner.

**Recommendation Six:** The processes at the front end of the criminal justice are of critical importance. Reliable triage, relies upon gathering, compiling, assessing, and distributing relevant
information among the agencies at the front end. The existing Mental Health and Substance Abuse Expansion Grant [the Grant] has significantly enhanced these activities.

**Recommendation Seven:** This Grant is funded to retain one person to help conduct these activities, but there is no provision for succession planning. Funding the second grant would provide a trained and fully equipped person to pick up the slack until a replacement is operational.

**Recommendation Eight:** The evaluation of the Grant must be designed and implemented to account for the interdependency of the Grant employee with other agencies with whom that person must successfully interact. Coordination is at the heart of the project, and it depends on the interpersonal skill of the employee and of those with whom the employee interacts.

**Recommendation Nine:** The evaluation processes should be designed by a working group consisting of, at least, the Director of Pretrial Services, staff from the Information Services Division, and staff from the Palm Beach Criminal Justice Coordinating Council, with input from the court, the agencies to whom clients are referred and others the working group chooses to invite.

**Recommendation Ten:** This is no time to tarry. The funding situation and the ramifications from funding reallocation, and the forces affecting the present and future client population all call for action now.
APPENDIX A

List of Interviewees

This evaluation received remarkable cooperation from the many interviewees listed below. Director Charles Trotta, with the assistance of his staff and the prospective interviewees put together two-and-one-half days of intensive interviews for the consultant’s first visit, in late June, on just three days’ notice. Scheduling of the second site visit in July, consisting of interviews and observation, was accomplished by PTS staff in one week. Due to the surprise illness of the consultant after he had arrived in West Palm Beach for the second visit, a full day of scheduled appointments had to be moved from a Monday to Wednesday. The interviewees graciously adjusted their calendars to make this possible. Ms. Chelsea Cooke, Pretrial Services Program Court Program Specialist, devoted hours of her already busy schedule to prepare an up-to-date flow chart and provide both hard data and extensive interview time. Director Trotta's office door was always open to provide advice and counsel as the evaluation unfolded. Heavy e-mail and phone traffic with Director Trotta, his staff and others filled in many gaps in the data collection effort.

The Interviewees

Charisse Van Biesen        Forensic Coordinator, DCF
Chelsea Cooke                PTS Court Program Specialist [Position funded by the Grant]
Debbie Crow                  PTS Supervision Unit Supervisor
Barbara Dawicke              Court Administrator, 15th Judicial Circuit
Mary Ann Duggan             Chief Assistant State Attorney, GunClub
Emanuel Fornah              PTS Intake Supervisor
Precious Gaiter              PTS Interviewer
David Gillert                Manager, PBSO SAAP
Hon. Carey Haughwout       Public Defender, 15th Judicial Circuit
Allison Kantor               Intake Nurse, Armor Correctional
Damir Kukec                 Research & Planning, Manager PBCCJC
Alma Lewis                  PTS Service Counselor
Melissa Lewis               Jail Diversion Specialist, Oakwood Center
Angela Miller              Assistant State Attorney, 15th Judicial Circuit
Hon. Krista Marx           Circuit Judge, 15th Judicial Circuit
Brenda Nieves              South County Mental Health Center
Linda Ocon                  PTS Interviewer
Linda O'Rourke             Manager, GEO Care
Mary Quinlin                MH Court Manager, 15th Judicial Circuit
Michael Rodriguez        Executive Director, PBCCJC
Charles Trotta          Director PTS
Chip Urbach              Agency Consultant PBC ISS
Prashant Varak            PBCISS
Adam White, Ph.D.         Assessor for GEO Care

Meetings:

Mental Health Collaboration Grant Selection Committee
GunClub Mental Health Partners
These committees have some overlapping members and several were interviewed.
There were 12 short, less formal, interviews.
## APPENDIX B

### Pretrial Services Mental Health Report: January 2010 - August 2010

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