

AN ANALYSIS OF THE EFFECTIVENESS OF A
MENTAL HEALTH COURT IN SARASOTA COUNTY, FLORIDA

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Erika Quartermaine is County Judge in Sarasota County, Florida. She has served as a judge since 2013 and during that time, she founded two problem solving courts: the Turn Your Life Around Court (“TYLA”) for individuals charged with prostitution and are victims of human trafficking; and the Comprehensive Treatment Court (“CTC”) for individuals charged with non-violent offenses and suffer from serious mental illness and are unable to meet a basic need. She teaches criminal law at the University of South Florida and lectures frequently on the intersection of mental health and criminal justice. She is the proud mother of two young men.

Sarasota, Florida is a picturesque destination with beautiful beaches, a vibrant art and culture scene, and extreme wealth. Like many communities in Florida, Sarasota experienced a growing number of individuals suffering through homelessness over the past two decades, a time period that happens to coincide with the closure of mental health facilities in the State. Many people viewed this growing homeless population as a blight on Sarasota’s beauty and economic wellness. The lack of resources for those experiencing homelessness coupled with a lack of educated leadership on the issue resulted in conflict within the community and ultimately the criminalization of homelessness. In 2006, Sarasota earned the distinction as the “Meanest City” in the United States from the National Coalition for the Homelessness. Carrie Seidman, *Seidman: Sarasota moving from ‘meanest’ to ‘most humane’ on the homeless front*, SARASOTA HERALD-TRIB. (Apr. 18, 2018, 3:57 PM), <https://www.heraldtribune.com/news/20180418/seidman-sarasota-moving-from-meanest-to-most-humane-on-homeless-front>.

Since that time, Sarasota has undertaken a number of actions to address homelessness and the actions of the community are now serving as a role model for other communities. In 2018, a Sarasota Herald Tribune columnist listed the various efforts and described Sarasota as going from “meanest to most humane.” *Id.*

One of the major impetus for the shift in the community’s approach was the Sarasota County Comprehensive Treatment Court which opened its doors almost four years ago. For the two years prior, various members of the legal community came together to work on a proposal

for a specialized jail diversion court process for the growing number of individuals who were suffering from untreated serious mental illness and bouncing between the jail, crisis stabilization units, and the streets. Understanding the inhumanity of incarcerating sick people and the correlation between untreated mental illness and homelessness, as well as the lack of available mental health resources, community leaders were eager to become involved and to support the proposal. The planning stages culminated in unanimous support by and through financial commitments from local government and incredible philanthropy groups. In total, this proposal – which was later named the Comprehensive Treatment Court or “CTC” – resulted in the procurement of \$2.4 million for the three-year pilot program. Centerstone of Florida, a mental health service provider, received the contract to staff and manage CTC.

The core CTC team currently includes Centerstone’s clinical staff (the director, a nurse, a psychiatrist and case managers), an Assistant Public Defender, an Assistant State Attorney, and myself, the presiding judge. The larger team includes representatives from the jail, Pretrial Services, and many social service organizations including the local crisis stabilization units.

With but one model from Miami and optimism, CTC opened its doors and accepted its first participant in February 2017. Three years later, in February 2020, CTC had 239 participants (including 55 active participants) and accepted 464 different criminal cases (400 misdemeanor cases and 64 felony cases, totaling 601 separate charges). There have been several challenges and the team has learned a lot. As CTC moves into the future, the team has confidence because of its successes, but also a real appreciation of the challenge and complexity of mental illness as well as the constant need to solve problems creatively while remaining committed to evidence based practices.

What is CTC?

To best understand what CTC has done, it is first necessary to understand a little about how it works. CTC is a “mental health court” created pursuant to section 394.47892 of the Florida Statutes in order to “process [criminal defendants] in such a manner as to appropriately address the severity of the identified mental illness through treatment services tailored to the individual needs of the participant.” The specific goals of CTC are to improve public safety, improve the quality of life of the participants, pay restitution to victims, and reduce recidivism all while decreasing the amount of incarceration. CTC participants receive professional, accessible, and quality treatment with support services at no cost, while remaining accountable to the Court.

In order to participate in CTC, an individual must: (1) have a qualifying criminal charge (generally speaking, this means the charge is non-violent) or be referred, due to being at risk of committing a qualifying charge (also known as “pre-booking diversion”); (2) suffer from a severe mental illness as identified by a licensed mental health professional; and (3) be unable to meet a basic need. An individual must enter CTC voluntarily, unless the individual is deemed

incompetent in which case a judge may place the individual into CTC without his or her consent.

CTC candidates are identified using validated screening tools upon entry into the jail and evaluations from licensed mental health professionals. If the individual is clinically eligible and the criminal charge is appropriate, the Defendant is admitted into CTC upon the Court's entry of an order granting admission. If the Defendant is in jail, this process occurs on an expedited basis, so the participant can be released into the care of the CTC clinical team.

Who is participating in CTC and what do they do while in CTC?

In order for a participant to graduate and have the case dismissed, the participant must have accomplished a number of tasks (the "Plan"). First, the participant must have a long term plan for his or her income and finances, including a long term residence. Second, the participant must create and engage in their own long term plan for mental health stability. Third, the individual must remain crime and drug free. The circumstances that lead someone to participate in CTC are so varied that no two Plans are the same. The participants' Plans require a great deal of flexibility, resourcefulness, patience, expertise, and TLC from the CTC team.

There is no typical participant. Here are some statistics, as of February 1, 2020, before the pandemic, about the demographics:

- 70% are men and 30% are women.
- The average age of the participants is 42 and the median age is 41.
- The primary diagnoses of the participants include: schizophrenia (34% of participants); bipolar disorder (37% of participants); depressive disorder (17% of participants); and others such as PTSD, anxiety, or personality disorder (12% of participants).
- 53% of all participants have a co-occurring substance abuse problem, which is usually the result of self-medicating. Around 56% had been in a crisis stabilization unit (Baker or Marchman Act facility) within the 6 months prior to admission and 83% had been at any point in his or her life
- Almost as many participants had attended college, as those who did not finish high school: 44% have only a high school diploma; 25% did not finish high school; 6% did not get to the 8th grade; 15% had some college; 7% had a college degree; and 3% had an advanced degree.
- 90% of the participants were experiencing homelessness upon entry and 78% of those qualify as experiencing "chronic homelessness," which is defined by the Department of Housing and Urban Development as three or more continuous years of homelessness.

- 75% of participants are Caucasian, 17% African American, 5% Hispanic and the remaining percentage includes other minorities.
- Approximately a third of the charges were “homeless” type crimes including trespass, public urination, lodging, and panhandling. Another third were substance abuse related. The last third were a combination of other crimes such as criminal mischief, prostitution, and resisting an officer.

The average number of days in CTC for all participants (regardless of success) is 172 days, which includes an average of 102 contacts with the CTC team and an average of 214 hours of time from the CTC staff. This time includes individualized therapy, group therapy, drug testing, appointments with psychiatrists and other physicians, as well as skills and employability training, case management, and life coaching.

There are a number of individuals who are admitted to CTC and may be suffering from competency issues (both for purposes of standing trial in the criminal case and guardianship purposes). However, through stable housing and services, these individuals often quickly gain competency making the expensive and often-fruitless criminal legal competency proceedings unnecessary. In circumstances where an individual’s mental illness makes it impossible to attain competency, CTC has ensured that a long term plan for a guardianship is in place as a part of that individual’s Plan. CTC participants have utilized the services of volunteer guardians, including the public guardian, as well as individuals who have taken a special interest in assisting with this population. Additionally, pro bono attorneys have volunteered their services on behalf of the ward and the guardian. CTC is ever grateful for its volunteers’ services.

Does it work?

About 65% of the participants complete the Plan and graduate. Usually, if an individual is unsuccessful, it is because he or she absconded, committed a new non-qualifying crime, or simply does not want to participate anymore. Since mental illness is on a continuum, special care is taken to understand exactly where the participant is and what the individual is capable of accomplishing.

There are many stories of success that tug at the heartstrings, although the failures do the same. Many people who have been suffering and alienated from society for years report enjoying safe and fulfilling lives as a direct result of CTC. The statistics serve as a universal language and are particularly helpful in understanding the amorphous paths of the participants. Recidivism, the tendency that a criminal offender will reoffend, is one of the most important statistics when considering the success or lack of success of CTC.

Generally, at the time an individual enters CTC, he or she is in jail and experiencing a mental health crisis. These individuals are usually untreated and self-medicated with street drugs. The data shows that prior to CTC admission, participants face a sharp increase in criminality. Table 1 shows the significant upward trend. For all intents and purposes of the tables shown and

the research conducted, arrests were determined by a criminal episode, including a violation of probation, which results in an arrest or a notice to appear, regardless of the number or classification of charges as reflected in Florida’s Comprehensive Case Information System database. Stated otherwise, it is a new criminal case from one incident regardless of the degree or number of charges. The Florida case law is clear that “there is no bright line test for distinguishing a single criminal episode from separate criminal episodes.” *Williams v. Florida*, 804 So.2d 572, 574 (Fla. 5th DCA 2002). However, courts recognize a criminal episode when the crimes are based on substantially the same conduct. *See Clevenger v. Florida*, 967 So.2d 1039, 1041 (Fla. 5th DCA 2007). Finally, the Courts consider factors like nature, time, and place of the crime, as well as the number of victims to determine whether the crimes are substantially the same conduct for a criminal episode. *See Smith v. Florida*, 650 So.2d 689, 691 (Fla. 3d DCA 1995). For example, if a person were charged with an open container and a public intoxication charge, even though these are two different charges, this would likely be considered one criminal episode because the crimes are based on substantially the same conduct and both charges occurred at the same time and the same place.

Table 1 – Trend in Arrests for all Participants Prior to Entry into CTC		
Number of arrests for all participants (regardless of success in CTC) during Year 2 Prior to Admission	Number of arrests for all participants (regardless of success CTC) during Year 1 prior to admission	Upward trend in arrests from Year 2 Prior to Year 1 Prior
294	779	265% increase in arrests

The number of arrests for all participants, even those who are unsuccessfully discharged, substantially decreases after participating in CTC. The data collected for the participants includes the number of arrests for the two years prior to admission to the two years after discharge, totaling to four years of collective data. Of course, only those participants who have been discharged for a year or two years, as applicable, are considered in this analysis.

Table 2 shows the percent change in arrests for all participants, only the successful participants, only the unsuccessful participants, and a control group. The Control Group is comprised of 45 individuals who were approved for CTC based upon the clinical evaluation and the nature of the criminal charge. However, the individual did not actually enter into CTC because of a waitlist or other similar issue. Consistent with the trend analysis, the control group had a 26.2% increase in arrests after two years. However successful participants showed a 62.6% reduction in arrests – during the same time. Even the unsuccessful participants continued to show a substantial reduction in arrests (38%) during this two year period suggesting that even touching CTC’s services helps reduce recidivism.

Table 2 – Percent Change in Arrests After Participation in	Group	Percentage
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Percent change in arrests when comparing Year 1 Prior to Year 1 Post (<i>without</i> taking the upward trend in Table 1 into account) for those who have been discharged for not less than a year and not more than two years (130 individuals)	All participants	-53.7
	Only successful participants	-63.4
	Only unsuccessful participants	-55.18
	Control group	-18.4
Percent change in arrests when comparing Year 2 Prior to admission to Year 2 Post (<i>without</i> taking upward trend in Table 1 into account) for those who have been discharged for at least two years (68 individuals)	All participants	-51.4
	Only successful participants	-62.6
	Only unsuccessful participants	-38
	Control Group	+26.2

Homelessness is another subject to consider when evaluating the success of CTC. As of February 2020, 99 people had graduated CTC who were experiencing homelessness upon admission. Of the 99, 70 were experiencing chronic homelessness. At the time of graduation, all of the 99 were living in long term housing. Further, 50 of the 55 individuals who were active in CTC, as of the time of this study, were experiencing homelessness upon admission and 39 of the 50 were chronic. Each of those individuals were in housing as a part of their participation in CTC. Of those who were discharged unsuccessfully, some remained in the housing provided through CTC, although the exact number is not data that is or could easily be collected because following unsuccessful participants has proven to be very difficult. In order to establish a long term residence, the participant must be financially independent. Financial independence of the participants is usually gained through the establishment of entitlement benefits due to disability. A quarter of those who have completed CTC were employed upon discharge, but only a quarter of those were employed upon entry.

Another method to examine CTC’s effect on homelessness in Sarasota is the Point in Time Study. Each year, the Suncoast Partnership to End Homelessness performs a study in which the number of homeless people are counted. Each county in Florida completes this study on a specific date in January each year and the Florida Council on Homelessness (a statutorily created entity reporting to the Governor) collects and publishes the results as a part of its Annual Report. The 2019 Annual Report shows that the number of individuals experiencing homelessness dropped 32% in Sarasota County during the first two years of CTC; this compares to an 11% decrease statewide for the same period. The Point in Time Study for 2020 in Sarasota shows an additional 4% decrease from the previous year however, the state-wide report is not available as of the time of writing this article. This study did not show any effects of the COVID-19 pandemic, as it was completed January 2020.

While there are certainly a number of local organizations contributing to the pre-pandemic decline, the CTC Team served as a unifying force through its county-wide collaborations like hosting the Sequential Intercept Mapping Exercise in February 2017, which was a two day meeting of leaders from government, philanthropy, social services, and the criminal justice community. A consultant from USF led the two day meeting and its purpose was to develop criminal justice-mental health partnerships and assess resources, gaps, and opportunities. Small committees were formed to continue the work and report through the Criminal Justice Mental Health and Substance Committee (“CJMHSAC”), a statutorily created committee for purposes of the monitoring CTC and exploring other similar initiatives.

Additionally, CTC has provided numerous learning opportunities for the community and taken part in teaching Crisis Intervention for law enforcement officers. In 2018, CTC sponsored a daylong seminar for the community exploring best practices, state-wide initiatives, and an assessment of the work done since the Sequential Intercept Mapping. In 2019, CTC held a day long strategic planning meeting with the CTC Team and the CTC partners. The CTC Team has focused on maintaining connections to the jail, crisis stabilization units, and homeless outreach teams in order to better identify those trapped in the cycle and create a continuum of care for these individuals.

Costs Associated

In addition to statistics on recidivism, the costs associated are also a relevant factor in determining the viability of CTC and its success. The cost per participant is \$10,000, this includes treatment with doctors, housing, regular counseling, and appropriate medication as needed. Not every participant requires the same type or amount of treatment, as each participant’s situation is different.

In contrast, it costs \$80 a day to hold an inmate in the Sarasota County Jail. *See* Carlos R. Munoz, *Sarasota County program offers inmates support after jail*, SARASOTA HERALD-TRIB. (Feb. 19, 2020, 2:32 PM), <https://www.heraldtribune.com/news/20200219/sarasota-county-program-offers-inmates-support-after-jail>. Furthermore, in the state of Florida, to hold an inmate in a crisis stabilization unit, on average, it costs \$300 a day, which is often the result of a Baker Act. *See* Steve Miller, *Bill would change way state pays for Baker Act beds*, PALM BEACH POST (Apr. 14, 2014, 12:01 AM), <https://www.palmbeachpost.com/article/20140414/NEWS/812035881>. The purpose of a crisis stabilization unit is to have a safe environment for individuals that suffer from substance abuse or mental health issues and are facing an emergency physical health crisis. Additionally, individuals in the criminal system may be sent to a state mental hospital. One calculation put the cost of that treatment for one individual from Sarasota County at \$63,960 for 195 days of treatment. *See* Michael Braga, *Definition of Insanity*, SARASOTA HERALD-TRIB. (Dec. 18, 2015), <https://projects.tampabay.com/projects/2015/investigations/florida-mental-health-hospitals/competency/>. As the statistics indicate, more than half of the CTC participants had been in a crisis stabilization unit within the six months prior to their admission into CTC. Almost all of the participants had been incarcerated in the year

preceding admission to CTC, some were incarcerated on more than ten occasions in one year. There are many other associated costs as well including: a cost to local hospitals, the cost to local businesses, a cost to law enforcement to investigate a crime and effectuate an arrest, a cost to the State Attorney to prosecute and the Public Defender to defend as well as a cost to the courts and clerks of court in processing the files.

In sum, the exact cost savings is hard to accurately calculate but it is certainly greater than the cost of CTC. While much could be considered a cost shifting, there is much more value in terms of the humanity and effectiveness of each dollar spent.

Research Methods

In order to accurately maintain data records for each participant and to track progress, CTC needed a database that contained that information. The database would need to track the previous crimes that the CTC candidates committed in order to properly evaluate their eligibility and also keep track of the graduated or dismissed participants after leaving CTC. Although there are multiple criminal history databases available, the statistics compiled here are derived from the statutorily created system referred to as Comprehensive Case Information System (CCIS) that was funded by the State of Florida for the clerk of court and comptrollers in order to have a uniform criminal history system that would cross county lines. However, CCIS is not considered a criminal database system, instead it is used as a court processing system. Simply meaning that CCIS is a program that documents all the times that a person has appeared in a Florida court as a party. All criminal cases in Florida are available on CCIS.

There are three other systems available for use: the Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), and the Interstate Identification Index (III). The FCIC and the NCIC are functionally the same type of program, the FCIC is the Florida, state level, equivalent. Neither are appropriate to track recidivism for CTC because they do not track individual criminal history in the way that CCIS does. Instead, they are databases for things like: missing persons, stolen property, guns, wanted persons, etc. NCIC, FCIC and III track criminal cases as long as the individual is booked into the jail and fingerprints are taken. However, they do not track criminal cases initiated through a notice to appear. A significant number of low level misdemeanor cases are initiated through a notice to appear and not an arrest. Therefore, none of these three databases were appropriate for the kind of cases that are necessary to review for purposes of recidivism amongst the target population.

CCIS provided a better option to track participants because of the way it reported arrests. The majority of crimes committed by the CTC participants are misdemeanor offenses and due to recent law enforcement reform, low level crimes are increasingly enforced with a citation with a notice to appear in court, as opposed to arresting a homeless person for a crime such as panhandling. Furthermore, the Sarasota County Sheriff, in support of mental health and drug courts specifically addressed that an individual cannot be arrested out of their addiction. *See Nicole Rodriguez, Sarasota County Commission examines jail overcrowding issue, SARASOTA HERALD-TRIB. (Feb. 26, 2019, 8:41 PM), <https://www.heraldtribune.com/news/20190226/>*

sarasota-county-commission-examines-jail-overcrowding-issue. CCIS, unlike the other databases listed, tracks not only arrests, but also notices to appear, exactly what was needed for CTC. The only substantial limitation to CCIS is that it is a Florida based program. This means that if a CTC participant committed crimes in Georgia, CCIS would not pick up those charges. Therefore, in the event that there are out of state crimes that occurred, they are not implemented in CTC's recidivism data, but this limitation is a reality for any program like CTC because there is no nationwide system that tracks low level offenses.

A note about the pandemic

CTC maintained the same level of services during the pandemic. I am so thankful to the CTC clinical team who engaged in even more creative problem solving and continued to screen potential participants both in and out of jail, navigate the protocols of the various partners, use telehealth to provide therapy and medical services to the participants, and provide drug testing services.

What's next?

CTC has obtained three more years of committed funding. It is serving as a model for other communities and in August 2019, Attorney General Moody featured CTC in her series on mental health and criminal justice. In 2019, thanks to a special grant from the County, CTC began accepting felonies. Later this year, the CTC docket will combine with the other mental health court programs in Sarasota, Health Care Court, in order to better streamline procedures. Additionally, starting this year, CTC, as with all problem solving courts, will be subject to certification required by the Supreme Court of Florida. Certification of problem solving courts (drug courts, mental health courts, and veteran's courts) is a fantastic state-wide step toward ensuring best practices are utilized throughout these most important programs.

Five years ago, it seemed like an insurmountable paradigm shift to make up for decades of failed public policy that had resulted in such inhumane, costly, and ineffective practices. However, the efforts of this community have led to significant improvements in jail mental health screening, increased coordination of care amongst behavioral health service providers and law enforcement, decreased recidivism, decreased homelessness, and beautiful stories of recovery. There is still much work to do. CTC's current focus is to continue to improve collaborations with other service providers, increase the diversity of its participants, find better responses and treatments for certain mental illnesses, and do everything it can to respond to the effects of the pandemic.

Additionally, sustainable non-grant funding must be obtained. CTC, like most other similar programs, works on grants which are limited in duration. Where a program has demonstrated its value and can meet standards, it should have some form of guarantee about sustainable funding and a future. Hiring employees and making future plans are substantially

hampered under the current funding mechanisms. This is something about which the CTC can provide information, but funding decisions will have to ultimately lie with the legislative branch.

As I reflect on the outcomes, I am encouraged and I believe it has been time and resources well spent. The statistics are positive and important but in the end, CTC is about the individual. As I was writing this, I received a text from a woman who works with a non-for-profit organization that provides long term supportive housing and partners with CTC. The text is a photo of one CTC's graduates named Nick and he is blowing the candles out on his birthday cake. Knowing some of his story, I responded, "[i]s that his first birthday cake ever?" "No, it's his second. He has been with us for almost two years now," she replied. A man who was homeless for his entire adult life and some of his childhood, self-medicating his schizophrenia and begging for money on Main Street has now been financially independent (through a combination of disability and part-time employment), crime-free, and safe since he entered CTC in August 2018. He is even taking a photography class.

There are too many people to thank here, but you know if you have helped with CTC's creation, implementation, and on-going operations. To those people, thank you and please know your contributions have improved lives and our community.

We welcome questions and input. Please feel free to email the CTC Team at: ctc@jud12.flcourts.org.