



Decriminalizing Mental Illness: Adapting the “Miami Model” to Nevada

BY CLARK COUNTY COMMISSIONER JUSTIN JONES AND JUDGE BITA YEAGER

Every lawyer in Nevada saw the video – the one where the defendant ran, jumped, and flew over the bench to assault Eighth Judicial District Court Judge Mary Kay Holthus. It garnered national news and even a “Saturday Night Live” skit. But the back story of that defendant, Deobra Redden, isn’t funny at all. It is tragically common for people with serious mental illness (SMI) to struggle when they interface with our criminal justice system.

Like many communities across the country, Nevada has faced challenges in addressing the needs of those facing mental health difficulties. Nevada has a high rate of both adult and youth reporting symptoms of anxiety and depression, and one of the highest rates of suicide in the nation.¹ The Clark County Detention Center (CCDC) is the largest mental health facility in the state, and last year the

Nevada Supreme Court upheld a district court judge’s imposition of contempt sanctions and daily fines against the State of Nevada for failing to timely provide competency restoration services.² Reports show that 86 percent of Nevadans reside in a federally designated mental health professional shortage area, and we require hundreds more mental health professionals to meet the state’s dire needs.³ Rawson Neal, with Nevada’s state psychiatric hospital, regularly has an incredibly long waitlist of patients who are in a mental health crisis and are in desperate need of treatment because of the scarcity of available psychiatric hospital beds. Community members with untreated mental illnesses often cycle between the jail and hospitals due to their behaviors when they are in crisis.

With those challenges in mind, we recently joined a delegation of judges and representatives from law enforcement, Clark County Social Services, the Clark County District Attorney’s Office, and the Public Defender’s Office for a conference hosted by the National Center for State Courts to learn about one successful model for better addressing the needs of those with mental health concerns.

The “Miami Model”

In the 1990s, Miami-Dade County was facing problems familiar to many

communities – overcrowded jails and a disconnected and inadequate mental health system.⁴ Judge Steven Leifman saw these issues play out in his courtroom every day and decided to do something about it.

In 2000, Leifman gathered stakeholders from the court system, law enforcement, mental health, substance use treatment, social services agencies, and family members to assess the system and begin finding solutions. Those discussions led to the creation of the Criminal Mental Health Project (CMHP), which has worked to develop meaningful solutions to divert those with serious mental illnesses from the criminal justice system altogether when possible and, if not, provide meaningful treatment options to those who are in the criminal justice system.

During the past 24 years, CMHP has identified and developed best practices for better addressing the needs of those with mental health issues who interface with law enforcement and the courts. The “Miami Model” includes the following elements:

- Pre-booking jail diversion programs (e.g. crisis intervention training (CIT) for law enforcement officers, mobile crisis teams, crisis stabilization units);
- Post-booking diversion programs (e.g. use of screening tools, specialty court programs);

- Community-based competency restoration; and
- Building mental health treatment bed capacity.

Since it initiated these diversionary programs, Miami-Dade County has reduced its jail bookings by half and reduced its daily population at the county jail from 7,200 to 4,200. By implementing community-based diversion programs and reducing its jail population, Miami not only provided better services to those with mental health issues, but also realized cost savings of more than \$12 million per year.⁵ With its innovative results-driven approach, CMHP has been recognized as the national model for decriminalizing mental illness.

Pre-Booking Jail Diversion

CMHP embraced a successful model of providing crisis intervention training (CIT) for law enforcement officers that includes 40 hours of training in psychiatric diagnoses, substance use disorders, and de-escalation techniques. Many of Nevada’s law enforcement agencies have implemented similar CIT training in the academy and as continuing education for officers already on the job. The Las Vegas Metropolitan Police Department (LVMPD) and the Eighth Judicial District Court have also partnered on the Law Enforcement Intervention for Mental Health and Addiction (LIMA) specialty court program, which seeks to redirect those with low-level drug-related charges to community-based services with the assistance of case management.

A critical component of Miami’s successful pre-booking diversion programs is access to mobile crisis teams and crisis stabilization units. Mobile crisis teams often include a mental health professional and a medical professional who can be dispatched as co-responders with, or in lieu of, law enforcement where an individual is undergoing a mental health crisis. If individuals in crisis cannot be stabilized on site, they can be taken to a crisis stabilization facility rather than to jail or an emergency room. Crisis stabilization units provide immediate, short-term mental health support and treatment services in a therapeutic setting.

Southern Nevada is well behind Miami and other communities in providing mobile crisis teams and access to crisis stabilization units. However, last year, the cities of Las Vegas and Henderson obtained grant funding for pilot programs to start up mobile crisis teams. Clark County also hopes to open and operate the first crisis stabilization unit by the end of this year, with support from the State of Nevada.

Post-Booking Jail Diversion

The Miami Model employs a proactive approach to identifying individuals with mental health concerns from the moment they are booked. Upon booking, defendants are screened for symptoms of mental illnesses by trained jail personnel using evidence-based screening tools that can be used to identify those in need of psychiatric evaluation as well as inform the courts of potential candidates for specialty court diversion programs.⁶ Based upon the Miami Model, the Clark County Detention Center is collaborating with the courts and mental health providers to more effectively use screening tools upon booking to identify defendants with SMI and divert them to services.

In Miami, CMHP initially established a mental health specialty court focused on misdemeanor defendants, then later added diversionary programming for felony defendants. Here in Nevada, the Second Judicial District Court launched its mental health court program in 2001 and the Eighth Judicial District Court followed suit in 2003. These two programs have successfully served hundreds of clients with serious mental illnesses charged with felonies or gross misdemeanors, and in 2023, the Second Judicial District Court was awarded a \$550,000 federal grant to expand its mental health court programming.

This year, with initial grant funding from the Administrative Office of the Courts, Las Vegas Justice Court Judges Nadia Wood and Eric Goodman launched a pilot mental health court program for those charged with misdemeanors.⁷ With

additional funding, they hope to expand the program to match the successes observed in Miami.

Community-Based Competency Restoration

CMHP’s competency restoration alternative program allows for community-based treatment rather than a forensic hospital program for misdemeanor and lower-level felony defendants. The program substantially reduced the time defendants spent in forensic commitment and at a cost much lower than services provided at state forensic hospitals.⁸

A 2023 report commissioned by the Nevada Department of Public and Behavioral Health found that Nevada had inadequate forensic inpatient capacity

and inadequate community health resources and an increasing demand for competency restoration services.⁹ Among the consultants’ primary recommendations were to improve access to community mental health resources and to expand access to outpatient competency restoration,

citing Miami-Dade’s programs as “the nation’s best example.”¹⁰ The Nevada Legislature appropriated funding for jail-based competency restoration programs as a stop-gap measure, but much more work must be done to emulate the Miami Model for community-based treatment.

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Building Treatment Bed Capacity

CMHP recognized early on that diversion programs would only be successful if there was dedicated access to treatment options. Working with community and health care stakeholders, Miami has invested more than \$50 million in a 208-bed treatment facility, the Miami Center for Mental Health and Recovery, which it plans to open this year.

Nevada faces a similar challenge in access to treatment beds, felt most acutely in Clark County. Throughout the past

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three years, state, local, non-profit, and private sector leaders have collaborated to identify opportunities to build additional capacity on the state's 88-acre West Charleston mental health campus, guided by a recently adopted master plan update that includes expansion of the existing Rawson-Neal psychiatric hospital and buildout of a crisis stabilization unit and transitional housing facilities.

With a coordinated effort, Nevada has an unprecedented opportunity to implement a proven model to better serve the needs of those with mental health issues, bringing the best of Miami to the Silver State.

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ENDNOTES:

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