

NAMI Ask the Expert: Help, Not Handcuffs Part 1
The Definition of Insanity
Thursday, February 25, 2021, 4:00 - 6:00pm EST

Featuring Panelists:

- Judy Harris, *President, The Matthew Harris Ornstein Foundation*
- Norm Ornstein, *Vice President, The Matthew Harris Ornstein Foundation*
- Judge Steve Leifman, *Associate Administrative Judge, 11th Judicial Circuit Court of Florida*
- Sergeant John Blackerby III, *City of Miami Police Officer*
- Habsi Kaba, *Crisis Intervention Team Coordinator, Miami-Dade County*
- Cindy Schwartz, *Project Director, Criminal Mental Health Project Jail Diversion Program*
- Justin Volpe, *Certified Recovery Peer Support Specialist, Jail Diversion Program*

Teri Brister, National Director of Research & Quality Assurance, NAMI ([00:00:06](#)):

Good afternoon, everybody. And welcome to NAMI's Ask the Expert. My name is Teri Brister. I'm the National Director for Research & Quality Assurance at NAMI. And it's my pleasure to welcome you to part one, of a four part series that we'll be hosting over the coming months focused on, Help Not Handcuffs.

I want to let you all know that we have all callers muted this afternoon. Only the presenters will be able to use their microphones. We've also disabled the chat feature in this meeting, because of our large attendance [inaudible 00:00:42], we found that it can be distracting for participants, but we do want you to submit any questions that you have, for the presenters in the Q and A pod. We'll be capturing those and sharing them with Dr. Ken Duckworth, who will be moderating the question and answer period.

Our call is being recorded and like all other segments of the NAMI Ask the Expert series, it will be posted on NAMI's website. Following the recording, everyone who registered to attend, so even if you know someone who registered but wasn't able to join us. Everyone who registered will receive a recording link, where they can listen to the presentation, a certificate of participation and a PDF copy of the slides. With that, I would like to introduce NAMI's CEO, Dan Gillison. Dan.

Dan Gillison, Chief Executive Officer, NAMI ([00:01:36](#)):

Thank you, Teri, and I very much appreciate it. This is an exciting day for us, and good afternoon to each of you. On behalf of our board president Dr. Shirley Holloway, our board, and the National Alliance on Mental Illness staff, excuse me, I just want to say welcome and thank you for joining us for this unique and very important series, as Teri has said, in terms of Help not Handcuffs. We're starting a series with a groundbreaking PBS documentary called The Definition of Insanity. Now, I'd like to introduce NAMI's chief medical officer, Dr. Ken Duckworth. Ken.

Ken Duckworth, Chief Medical Officer, NAMI ([00:02:15](#)):

Thank you, Dan. It's a great privilege to be looking forward to learning and moderating the panel that will follow this 55-minute film. I do want to say about this film, that it is right in concert with NAMI's strategic plan, to help people stay out of correctional settings. I do want to note that some people find portions of the film provocative. If you've loved people in a prison setting, or have been in a prison setting, just be aware, a few pieces of this maybe a little provocative. I want to start by introducing two people who've created this endeavor through an act of love and altruism. And that is NAMI's beloved members, Judy Harris, and Norm

Ornstein. I'm going to have them tell you a little bit about themselves, and why they're committed to this issue.

Norm Ornstein (00:03:19):

Thank you so much, Ken. And thank you Dan for your leadership and thank you to all of the others who've helped put this together. I'm Norm Ornstein and this is my wife, Judy Harris. I'm a political scientist, Judy is a lawyer. Our son Matthew was a brilliant, warm, compassionate and funny young man, who was a national champion, high school debater. Went to Princeton and excelled. Went out to Hollywood, was having success. When at the age of 24, he had a psychotic break and went through 10 years of terrible pain and struggle with serious mental illness. And his family of course, went through pain and struggle as well.

And Matthew had the additional burden of anosognosia. Of having a lack of insight into his own disease and illness, and was unwilling to accept any kind of treatment. At the age of 34 on January 3rd, 2015, he died accidentally, driven by his lack of insight and mental illness. And in the aftermath, shattered as we were, we struggled to find a way using Joe Biden's term, to turn grief to purpose.

We created the foundation, the Matthew Harris Ornstein Memorial Foundation. And some months after, we met Judge Steve Leifman, and went down to Miami, immersed ourselves in his program, and were blown away by the ability of Steve and his team to save lives and save money at the same time, transforming the criminal justice system and the way it deals with people with serious mental illness.

While our Matthew was not characterized by his encounters with the criminal justice system, we know so many are, and we wanted to find a way to take this groundbreaking and pathbreaking program, and spread it around the country, develop a different dialogue, and make best practices something that could be used anywhere. And we decided that this film, *The Definition Of Insanity*, was the catalyst for being able to do that. And we are delighted and honored to be able to show it to you today, thanks to NAMI. Judy.

Judy Harris (00:05:33):

Thanks, Norm. I want to add a couple of words of my own. First I got permission to, I don't know if this is coming up, hold up a picture of our beloved son, Matthew. This was his picture, I don't know if you can see it, when he graduated from Princeton. One of the proudest days in our lives. He was elected by his classmates to be a Speaker at Class Day. He looks very serious in that picture. He was actually hilarious. Did a lot of standup comedy indeed, when he went out to California after graduation and created a movie with his high school debate partner. They called the movie *Master Debaters*. And if you don't get that, you can think about it later. But it was hard to explain to his grandmother.

[inaudible 00:06:20], we did this movie as Norm said, because we were so amazed at what we saw when we went down to view Steve Leifman's courtroom, and the program that he had in practice there. I often say that the worst day in my life was not the day of our son's funeral, because I was drugged up then and really didn't know what was going on. But it was the day that I had to stand up and testify against him in court. We can save that discussion for another day. Suffice it to say we were in Maryland. The treatment advocacy center has rated Maryland as 50th out of the 50 States in the union for barriers to a court ordered treatment.

Our psychiatrist who recommended that we do what we do, didn't understand the laws and neither did we. We only succeeded in losing our son's trust, and we were never able to get him treatment. Following that, I literally used to get on my knees and pray that our beloved perfect son, Matthew, who had never done anything wrong in his life, would commit a felony, that he wouldn't hurt anybody, but that maybe he could be arrested, and then we could have some leverage over him to get treatment. Little did we know at the time, that at least he had been lucky enough to end up in Judge Leifman's courtroom in Miami-Dade County, that wouldn't have been any kind of a solution either, finding himself in jail.

But I just want to say for the record that, no mother, no father should ever have to get on their knees and pray that their beloved child commit a crime, in order to get treatment for a disease. Let me repeat that. No mother should ever have to get on her knees, and pray that her son commit a crime in order to get treatment for an illness.

You're going to see, there's a picture posted of our son. I went through thousands of pictures last night, that I had never seen before that were posted by his friends and family on the website of our foundation. I had never had the heart to look at it before. But I picked out a picture, because I wanted to use it to illustrate a point. The picture that you'll see is Matthew in a tuxedo. That was taken about two years after he got sick.

His friends from Princeton gathered round and made sure that he could get to the wedding of a dear friend of his, a roommate from college who was getting married in Italy. They had a magnificent time and the reason I think that picture is so important, look at the smile on his face. Look how happy he was. That's the importance of early intervention. If we could have gotten him help at that stage, we believe that we would still have our son today.

Another issue, there are so many. So I just want to finish by saying an enormous thank you to Dan, to Ken, Teri, Jordan, to all of you who have put this together, and given us this chance to do exactly what we were hoping that this film would be able to do, and act as a template for similar change around the country.

Dan, we remember well, pre-COVID, having you treat us to a fantastically good dinner at an Indian restaurant in Washington, where our dear friend Adrian was in from Texas. Shirley came in from Alaska, Judge Joyce Campbell, we got to meet you, and we talked about this film and it was a dream to see if you might be able to show it at some point. And we thank you from the very bottom of our hearts. To **Judge Steve Leifman**, to your magnificent team, to all of our friends in Miami-Dade County. We can only say two words. Forever family. Thank you.

Norm Ornstein ([00:10:21](#)):

And let me just add a thanks to our wonderful filmmakers. Gabe London and Charlie Sadoff, from Found Object Films, who really enabled us to put all of this together in the quite remarkable fashion that you'll see, and to Rob Reiner for doing the narration.

Documentary Begins

Judge Steve Leifman ([00:10:44](#)):

When I became a judge, I had no idea I was coming the gatekeeper, to the largest psychiatric facility in the state of Florida, the Miami-Dade County jail.

This was not just a local problem, but it is a national one as well.

Narrator ([00:11:01](#)):

LA County estimates 27% of its homeless population, suffers from serious mental illness.

Speaker 2 ([00:11:09](#)):

Neighbor's said, "The man shot by police, just struggled with mental."

Judge Steve Leifman ([00:11:12](#)):

They looked at these folks as criminals, and that the best way to handle it was to get them off the street and just lock them up.

Speaker 3 ([00:11:17](#)):

Our jails would become the largest public psychiatric institutions in the country.

Speaker 4 ([00:11:21](#)):

They don't have the mental health staff and resources to provide treatment.

Judge Steve Leifman ([00:11:25](#)):

We were spending \$80 million a year, to warehouse people in the conditions that you wouldn't let your dog stay at.

Speaker 6 ([00:11:31](#)):

The water is not working. He's drinking sewer water. He's drinking toilet water out of the toilet.

Judge Steve Leifman ([00:11:35](#)):

It's foolhardy what we do now. It's dangerous what we do now. And it's cruel because we're not affording people the opportunity for recovering.

We know how to fix it. That's the question of political will. And it's a question of leadership. This is not a criminal justice problem. This is a community problem that requires a community solution. We want people to be part of their own change. We want to be able to give them the tools that they need, so that they get the insight, but they also learn, that there is a better way to live. There's a better way to deal with their illness, and you need to stay away from committing offenses.

Narrator ([00:12:25](#)):

In January, 2000, Miami-Dade County court, Judge Steven Leifman, made one of the biggest mistakes of his career. He promised the parents of a man who had once been a practicing Harvard educated psychiatrist, but was now homeless and appearing in his court for a minor offense, that he would get him help.

Judge Steve Leifman ([00:12:45](#)):

The case was a window to how horrifying the existing system was. And the case involve somebody that had severe psychosis, but the court had absolutely no authority, to get them into the system. And so my only option, was to release him back to the street, on a conditional release, and tell them to go see a doctor. Not only was I unable to fulfill the promise I made to his parents, but I put him at risk, I put the community at risk, I probably put my job at risk, but I followed the law.

Narrator ([00:13:26](#)):

20 years later, Miami-Dade faces a crisis. Nearly 10% of its adult population, suffers from serious mental illness. But judge Leifman presides over a system of care for people with mental illness, that he hopes could be a model for the rest of the country.

Judge Steve Leifman ([00:13:42](#)):

All right. Thank you, gentlemen. Do you swear [inaudible 00:13:48] testimony you are about to give is the truth, the whole truth and nothing but the truth. Thank you very much.

And we started very slowly, just with nonviolent misdemeanor cases. I know you don't look for trouble. These are really minor offenses. You don't hurt anybody. And I really appreciate that you're a nice man.

Speaker 8 ([00:14:02](#)):

[inaudible 00:14:02].

Judge Steve Leifman ([00:14:03](#)):

I just don't like you having to be out on the street, getting sick. Are you hearing voices today?

Speaker 8 ([00:14:11](#)):

Little voices.

Judge Steve Leifman ([00:14:13](#)):

Little voices?

Speaker 8 ([00:14:13](#)):

Little voices.

Judge Steve Leifman ([00:14:13](#)):

Okay.

And we had to prove, that this would actually work. And in a very short period of time, it did.

Speaker 9 ([00:14:19](#)):

Judge, Mr. Alvarez is receptive to JDP services. The recommendation at this time is a residential treatment facility. He expresses the need for that service. He has been taken to central intake, and has been placed on the wait list.

Judge Steve Leifman ([00:14:30](#)):

Great. Hang in there with us. It's a lot better outcome once I can get you going. Okay?

Speaker 10 ([00:14:34](#)):

I'm tired of the siren.

Judge Steve Leifman ([00:14:36](#)):

I know. I'm glad to see that. We're going to work with you and get everything you need. All right. Good luck.

So what we've been able to do, is a program that we've set up, to actually help individuals navigate these complex systems so that they can get the treatments that they need. Get the assistance they need, so that they can actually work recover.

Narrator ([00:14:54](#)):

The program Leifman pioneered, is officially titled, The 11th Judicial Circuit Criminal Mental Health Project, but to the team of people who chart its course on a daily basis, it's known as JDP. Short for the Jail Diversion Project.

Cindy Schwartz ([00:15:07](#)):

Okay. I wanted to talk about how many people we are enrolling in the project. There have been 80 people enrolled and seven people are pending. So, I'm going to assume that we're doing really pretty well towards our goal of 100. So I think we're on target.

Speaker 12 ([00:15:28](#)):

Morning, Judge. Alejandro solved the Jail Diversion Program on Mr. Dolan's case. The state approved his participation in diversion. We did screen and assessing. He meets criteria. We would like to request your honor, transfer the case to our mental health court and have them sign-

Cindy Schwartz ([00:15:45](#)):

Jail diversion, helps people that are identified with serious mental illness when they're in jail, to be released to the community, with the treatments and services that are necessary to help them move towards recovery. That's what we do.

Alejandro Aristizabal ([00:16:03](#)):

Jail diversion, is not your regular route through the system.

Thank you, Judge.

What the State attorney's office will do is, come up with a diversion offer.

I'm going to be working with you for the next year.

Trevor Dolan ([00:16:19](#)):

Okay, [inaudible 00:16:19].

Alejandro Aristizabal ([00:16:20](#)):

You're going to put in your path, and work with us. This is going to happen within two weeks. All right? That's good to meet you in person anyway. All right, take care.

If you participate in jail diversion, and you are successful throughout these 12 months, we are going to dismiss your charges. And that's huge.

We're on our way to see Trevor. He spent about six months in jail before he was approved for diversion. And this will be our first encounter with him outside of the courthouse. He's about the same age Justin was when we worked on getting Justin out of jail and into treatment.

Justin Volpe ([00:17:06](#)):

I was in jail for a month and a half. It was unpleasant. It was not the holiday.

Alejandro Aristizabal ([00:17:11](#)):

And my job was to go out and talk to Justin, and try to get him to agreed to work with us. And Justin, wasn't easy to work with.

Justin Volpe ([00:17:18](#)):

I was very sick. I was very sick.

Alejandro Aristizabal ([00:17:21](#)):

And...

Justin Volpe ([00:17:21](#)):

I told him... What did I tell them? Al-Qaeda was on Miami beach. Do you remember that one?

Alejandro Aristizabal ([00:17:24](#)):

Yeah.

Trevor Dolan ([00:17:26](#)):

Hey.

Justin Volpe ([00:17:26](#)):

What's up, man?

Alejandro Aristizabal ([00:17:29](#)):

We really like seeing people outside of the courthouse.

Trevor Dolan ([00:17:31](#)):

Yeah.

Alejandro Aristizabal ([00:17:32](#)):

We don't want to just have a two minute conversation.

Narrator ([00:17:34](#)):

In the Miami Community Mental Health model, there's no universal pathway to recovery. For clients like 22-year old, **Trevor Dolan**, a jail Inreach screening by JDP specialists, determines not only a diagnosis, but the resources he'll need going forward. For Trevor, that means his first 60 days, will be spent at [inaudible 00:17:54].

Justin Volpe ([00:17:54](#)):

Have you ever been in residential treatment before?

Trevor Dolan ([00:17:56](#)):

No, I have not. This is my first time to ever gained any type of treatment.

Alejandro Aristizabal ([00:18:01](#)):

I'm glad to hear that.

Trevor Dolan ([00:18:01](#)):

I did High school on my own. Did all the type of stuff on my own.

Alejandro Aristizabal ([00:18:04](#)):

That's what we're about. Trying to show you that, you're going to learn stuff here that you have to take out into the real world. Seen the doctor too, psychiatry?

Trevor Dolan ([00:18:11](#)):

Yeah. I've seen her once so far.

Alejandro Aristizabal ([00:18:13](#)):

And the medications that she prescribed, how do you think they're working for you?

Trevor Dolan ([00:18:18](#)):

I haven't taken them. I haven't even gotten them yet.

Alejandro Aristizabal ([00:18:20](#)):

You haven't gotten them yet?

Trevor Dolan ([00:18:21](#)):

No. She just prescribed them to me. [inaudible 00:18:23].

Justin Volpe ([00:18:24](#)):

We need to get that prescription.

Trevor Dolan ([00:18:26](#)):

That's good Let's do it.

Alejandro Aristizabal ([00:18:26](#)):

I need to work on that. And you want to pursue work, right?

Trevor Dolan ([00:18:29](#)):

Yes. I want to start working now.

Justin Volpe ([00:18:33](#)):

Yeah, then you're not going to be out working late.

Trevor Dolan ([00:18:36](#)):

No, of course not. No.

Justin Volpe ([00:18:36](#)):

You know that already? I'm in recovery myself.

Trevor Dolan ([00:18:37](#)):

You are?

Justin Volpe ([00:18:38](#)):

I've been here 10 years now.

Trevor Dolan ([00:18:39](#)):

Wow.

Justin Volpe ([00:18:40](#)):

Yeah, man. I got a wife, family, house.

Trevor Dolan ([00:18:43](#)):

That's crazy.

Justin Volpe ([00:18:43](#)):

I mean, things get better. Is there anything you need?

Trevor Dolan ([00:18:45](#)):

What do you mean?

Justin Volpe ([00:18:46](#)):

I don't know. I see you dressed nice. Nice shoes, watch. Do you need anything?

Trevor Dolan ([00:18:50](#)):

No, I'm good. I'm good.

Justin Volpe ([00:18:51](#)):

Good?

Trevor Dolan ([00:18:52](#)):

I got everything I need.

Alejandro Aristizabal ([00:18:52](#)):

It's great to see you again. Congrats.

Trevor Dolan ([00:18:53](#)):

Yeah, you too, Alejandro.

Alejandro Aristizabal ([00:18:53](#)):

You got an awesome 30 days in already.

Trevor Dolan ([00:18:56](#)):

I do.

Alejandro Aristizabal ([00:18:57](#)):

I can't wait till you got 12 months in.

Mental health doesn't fit in to the criminal justice system. It's not written in protocols. There are no standard operating procedures for what we do. So we often think of ourselves as the glue that holds it all together. The translators, the interpreters.

Mornings are rush, rush, rush. So it takes a lot of coordination.

Trevor's new. He is in residential treatment. He's on an ankle monitor. We actually saw him yesterday. We had some issues. He was not being given his psychotropic medication.

Nushin G. Sayfie ([00:19:32](#)):

I'm sorry. He's residential?

Alejandro Aristizabal ([00:19:33](#)):

Residential.

Nushin G. Sayfie ([00:19:35](#)):

He's there all the time. And they have not explained to him. There no one supervising his medication?

Alejandro Aristizabal ([00:19:41](#)):

Not until tonight.

Nushin G. Sayfie ([00:19:43](#)):

I'm not feeling good about that.

The Mental Health Diversion Court. It's a very different role for judges. Not all judges, I think take to it. You're really traveling outside the boundaries of where you normally travel as a judge in a regular courtroom. You are in there. You're in the trenches. You're much more involved, and invested I would say in the specific cases in the client.

Mr. Trevor gets an all pass though. If the rest of you [inaudible 00:20:03] in all the cases?

Speaker 13 ([00:20:05](#)):

Yes, Judge.

Nushin G. Sayfie ([00:20:06](#)):

Okay.

You definitely have to believe in rehabilitation. You have to believe in redemption. But I think that that's really a cornerstone of being a judge in, the diversion program. Is to make sure that they know that we're there for them, and that we believe in them.

All right. So Mr. Dolan, your ball goes well here, in this program, your cases are going to be dismissed.

Trevor Dolan ([00:20:23](#)):

Yes ma'am.

Nushin G. Sayfie ([00:20:23](#)):

So this court is unlike the court you started out. In that court, you're being prosecuted-

Trevor Dolan ([00:20:28](#)):

Correct.

Nushin G. Sayfie ([00:20:28](#)):

... and ultimately, it was about whether or not we're going to go to trial or take the plate. We're all basically on the same team here. We all want to see you succeed. All right? So the state, your attorney, the court, we all want us to see your case get dismissed.

Trevor Dolan ([00:20:40](#)):

Thank you, your honor. Thank you.

Nushin G. Sayfie ([00:20:41](#)):

[inaudible 00:20:41].

Judge Steve Leifman ([00:20:42](#)):

I think if you're not someone that's really in this field, they think if they just give the person medication, a pill or a shot, they're going to be fine. That their lives are going to turn around, and they're going to be healthy and have happy lives. Well, if you're homeless, if you have a drug addiction, if you have a lot of trauma history, all the medication is going to do is reduce your symptoms. It's not going to help you thrive, survive, be hopeful and happy. And so, we've learned that we have to address all those other social issues on top of their psychiatric treatment to make this work.

Narrator ([00:21:21](#)):

But recovery is never going to be easy. Especially given the complex system of care, that currently exists.

Justin Volpe ([00:21:28](#)):

You're going down?

Narrator ([00:21:29](#)):

It's difficult for anyone to navigate, much less someone with a mental illness, who's just been released from jail.

Justin Volpe ([00:21:36](#)):

I'm a certified recovery peer specialist by the state of Florida, which means I have a little piece of paper. I pay \$75 for every year to do my job. I get people out of jail every week. I get them where they're going in the community. Get them to the housing, Camilla's house, shelter. ALF, three quarter way house. I bring their medication, and then I get them linked to treatment, and I follow up with them in treatment.

Hey [inaudible 00:22:02]. What's up, brother? You remember me?

Speaker 15 ([00:22:05](#)):

Yeah, yeah, yeah. When the phone rang.

Justin Volpe ([00:22:06](#)):

So what's going to happen today? Are you hungry?

Speaker 15 ([00:22:08](#)):

Yeah, I'm hungry.

Justin Volpe ([00:22:09](#)):

Yeah, I'm going to [inaudible 00:22:10] something to eat. But first of all, I got t-shirt, jeans to get the blues off. Yeah, you go like this.

Speaker 15 ([00:22:17](#)):

Yeah, they taught me that one. [Crosstalk 00:22:18].

Justin Volpe ([00:22:18](#)):

It might be a little big. That's all I got right now.

Speaker 15 ([00:22:22](#)):

It's better than none.

Cindy Schwartz ([00:22:23](#)):

When I first started in 2003, we would set up treatments and services for people that appeared to be the right thing to do.

Justin Volpe ([00:22:31](#)):

How about these to sleep in? Something to chill.

Speaker 15 ([00:22:35](#)):

I like those ones.

Cindy Schwartz ([00:22:35](#)):

And we would help people to get to wherever they were going to be living, with treatments available. And they would run away in the first five minutes.

Justin Volpe ([00:22:44](#)):

They used to get people out of jail and tell them you have court next month. You have to be at this address on Monday to get your medicine. And they would send them in a taxi by themselves, and they would never see them again. It's that simple. What would you do if you got out of jail and somebody gave you a free taxi ride? You say, "I'm going to go and do what I want to do. Which is not this."

Cindy Schwartz ([00:23:04](#)):

So we had to come back to the table and say, "Okay, what are we missing?"

Justin Volpe ([00:23:08](#)):

How's the food?

Speaker 15 ([00:23:10](#)):

It's good.

Justin Volpe ([00:23:10](#)):

Yeah. You owe me 750?

Cindy Schwartz ([00:23:15](#)):

And at the same time, on the federal level, peer specialists were being looked at, as a good alternative to engaging people in the process. In their own process of recovery.

Justin Volpe ([00:23:33](#)):

We've got about 30 beds from jail diversion. We've got guys on the sixth floor and sometimes on the seventh floor. I do a couple of groups with the guys. We get coffee, we get food, we go to AA meetings. I take them to the doctor's appointments. Just little things to help make it easier. To know that they got an extra supporter in the community.

Justin Volpe ([00:23:53](#)):

Sign in. Hi guys, going over the basics today. What does education mean to you?

Speaker 16 ([00:23:58](#)):

Is it being educated on...

Speaker 17 ([00:24:00](#)):

On our sickness [inaudible 00:24:01].

Justin Volpe ([00:24:01](#)):

Would you just say health?

Speaker 19 ([00:24:02](#)):

Health yeah.

Justin Volpe ([00:24:03](#)):

Because you know, this is the same category as heart disease or diabetes or something. Just because people say you have a mental illness, does it make you weak or anything?

Speaker 16 ([00:24:13](#)):

Sometimes I feel like that though.

Justin Volpe ([00:24:14](#)):

Yeah, but you're a lot stronger than a lot of people out there because you deal with stuff that a lot of normal people don't deal with.

Speaker 16 ([00:24:20](#)):

Yeah.

Justin Volpe ([00:24:20](#)):

So you got to think of it as strength based. So many people put us down so many times over the years, but we actually-

Speaker 16 ([00:24:27](#)):

I [inaudible 00:24:28] a lot.

Justin Volpe ([00:24:28](#)):

Yeah. But now we're going to give you the tools. Let's do a little skit right now.

Kevin ([00:24:32](#)):

no, [crosstalk 00:24:33]. Let me do it. Come on, please. Come on, let me do it. [crosstalk 00:24:33]. Let me tell you, what he doing.

Justin Volpe ([00:24:36](#)):

No, come on Kevin. Come on.

Speaker 20 ([00:24:47](#)):

[crosstalk 00:24:47]. You got to be serious.

Justin Volpe ([00:24:49](#)):

Okay. We're going to do something else. We are going to do something else. You, my friend on the [inaudible 00:24:54]. Okay?

Kevin ([00:24:54](#)):

Yeah. Yeah.

Justin Volpe ([00:24:55](#)):

Wait, wait. I'm going to set the scene. I'm going to set the scene. You're going to stand up for yourself.

Kevin ([00:25:01](#)):

Okay.

Justin Volpe ([00:25:01](#)):

We're going to be about one minute.

Kevin ([00:25:04](#)):

Okay.

Justin Volpe ([00:25:04](#)):

And then we're going to sit down.

Kevin ([00:25:05](#)):

Okay.

Justin Volpe ([00:25:06](#)):

Okay? So I got these dumb kids. We're going to go hustle. So I need you to come with me to come talk to them so we can get money off them. You're going to come. I'll give you half.

Kevin ([00:25:16](#)):

No, Justin.

Justin Volpe ([00:25:20](#)):

Why not?

Kevin ([00:25:20](#)):

I'm not going to do that.

Justin Volpe ([00:25:21](#)):

Why not? I thought you were my friend.

Kevin ([00:25:22](#)):

I just got out of jail.

Justin Volpe ([00:25:23](#)):

You just got out of jail? Me too, man.

Kevin ([00:25:25](#)):

I don't want to go back. And they might beat the heck out of us. We're young looking, but you never know what they have on them, Justin.

Justin Volpe ([00:25:37](#)):

That's what these sneakers are for man. You go run.

Kevin ([00:25:39](#)):

I ain't that fast, Justin.

Narrator ([00:25:40](#)):

The Miami model based on comprehensive community care, is unique in the United States, but it is not a new idea.

President Kennedy ([00:25:51](#)):

Hearing is beginning in the Senate this week, on our bills to combat mental illness, and mental retardation. Almost every American family at some stage will experience or has experienced, a case of mental affliction. And we have to offer something more than crowded, custodial care in our state institutions.

Judge Steve Leifman ([00:26:10](#)):

The hospitals were horrific and there was a lot of torture and human experimentation going on. And we started to become more aware of these horrors. And people started to put a stop to it.

President Kennedy ([00:26:21](#)):

Our task is to prevent these conditions. Our next is to treat them more effectively and sympathetically, in the patient's own community.

Judge Steve Leifman ([00:26:29](#)):

President Kennedy, his last public signing was to create this national community mental health system. But not \$1 got appropriated because of the escalation of the Vietnam war, and his assassination, it just got forgotten.

Katherine Fernandez Rundle ([00:26:43](#)):

The goal was to deinstitutionalize. So whatever were supposed to be community centers, health centers, where families could go, where they could go, where they could get their medication, they could do their treatment, and government lawmakers just didn't give the money, the resources that was needed to do it.

Judge Steve Leifman ([00:27:02](#)):

And so we close all the hospitals. We significantly cut back on federal housing. They go to sentencing guidelines to get tough on crime. They go to the war on drugs. You had a tripling of the number of people getting arrested since the 80s, and these folks just get swept up into it. And so, we never deinstitutionalized, we transferred responsibilities from the really crappy, horrible, dangerous state hospital to the really crappy, dangerous, horrible jail.

Justin Volpe ([00:27:29](#)):

11 years ago, I was in the ninth floor in the Dade County jail. I'm laying in a pile of feces, vomit and urine. I'm sick. I'm hearing voices. I'm seeing things. People are lined up like sardines on the floor. Bah, bah, bah, bah. And this guy comes with this white powder out of his socks. He's got real high socks like Dr. J used to wear, and he starts sprinkling this white powder and on the same disgusting floor, people are doing lines of it off the floor.

When I was arrested, I had medication with me. And I told them, I needed to go to the hospital. I take pills. And they were like, "Oh, we'll put you on the psych floor." I'm like, "Thank goodness. Some people that understand me." But I get up there, it's way worse, man. There was people screaming around the clock and the abuse from the corrections officer. He beat a guy unconscious in the cell next to me. I just heard this guy screaming at three o'clock in the morning. "Please God, no. Please, God stop. I'm sorry. I'm sorry." And his flesh just hitting the concrete until he just hit one last time, and he went silent.

I didn't sleep for three weeks. I was on the ninth floor. It just made my mental health worse. And my bottle was only like \$500. I had some money in my account, but I didn't know how to pay it. The people that stay in jail are the seriously, mentally ill, because they don't know how to navigate the system. You're either too poor, too ill, too sick to get out.

Judge Steve Leifman ([00:28:53](#)):

What happens is, you then have systems that are developed to process people and cases for crimes. Not a system developed to assess and move people and to treatment. So guess what happens? You end up spending your entire adult life, recycling through this criminal justice system. I tell people it was the definition of insanity, where we kept doing the same thing again and again, and expecting a different outcome.

Justin Volpe ([00:29:23](#)):

You have kids?

Charlie Gonzalez ([00:29:27](#)):

Yeah.

Justin Volpe ([00:29:27](#)):

Yeah?

Charlie Gonzalez ([00:29:27](#)):

Three.

Justin Volpe ([00:29:28](#)):

You have three kids?

Charlie Gonzalez ([00:29:33](#)):

Yeah. Two are running a way now.

Justin Volpe ([00:29:34](#)):

Busy man. Yeah.

Nicolas Recoba ([00:29:34](#)):

[inaudible 00:29:34] go inside to see what's happening.

Charlie Gonzalez ([00:29:35](#)):

All right. All good.

Narrator ([00:29:38](#)):

When JDP was started, Charlie Gonzales would not have been eligible. Only misdemeanor cases were allowed, but now third and sometimes second-degree felonies can be considered. Charged with crimes that in criminal court could spell prison, today marks Charlie's halfway point in jail diversion.

Nushin G. Sayfie ([00:29:55](#)):

Mr. Gonzales how are you?

Charlie Gonzalez ([00:29:56](#)):

Pretty good. And yourself your honor?

Judge Steve Leifman ([00:29:57](#)):

In a criminal justice system. There's really just three parties. There's the defense attorneys often represented by the public defender's office. There's the state attorney's office in Florida, outside of Florida sometimes, they're known as district attorneys and then there's the judge.

And theoretically, the system works best when both sides fight equally hard, and justice is supposed to fall through the middle. And so, doing a collaboration, criminal justice system is not a natural act. And so it had to be created.

Katherine Fernandez Rundle ([00:30:28](#)):

A community has to agree together, that they're going to solve whatever particular problem exists in their community. And so, we all come to the table, and we can put [inaudible 00:30:39] to one side, and say, we're going to build something really meaningful here.

Alejandro Aristizabal ([00:30:45](#)):

He's been attending all his appointments at Camilla's Outpatient. He just went on Monday and saw the doctor and adhering with all recommendations really. And I think he has had some big news in the last couple of days. It looks like he's going to be expecting his third boy. Yeah.

Carlos J. Martinez ([00:31:02](#)):

So pretty much everyone is on board with, we are not going to criminalize mental illness. And that is a big shift. That's a big cultural shift in the community where people are actually seeing the mentally ill as being part of this community, not being those people .

Alejandro Aristizabal ([00:31:24](#)):

Today, we're here with private council and the state to possibly motion for a release from the GPS ankle monitor.

Nicolas Recoba ([00:31:34](#)):

Immediately after Alejandro took Charlie's case, he was evaluated. He had started receiving treatment. He called me two weeks after he had been admitted. And we're having a conversation at night, and he's telling me how much he loves his job, and how his life is going great. And this is the first positive conversation we had with him. In like 10 minutes into it. I go, "[inaudible 00:31:54] are you taking any meds?" And he was [inaudible 00:31:57]. He feels great.

Nushin G. Sayfie ([00:31:58](#)):

Yeah, I know you have been consistently very well since the beginning. And you want me to take you off of the...

Speaker 22 ([00:32:00](#)):

Very well since the beginning. And you want me to take you off the monitor?

Charlie Gonzalez ([00:32:05](#)):

Yes ma'am, If it's possible.

Speaker 22 ([00:32:07](#)):

All right. [inaudible 00:32:08] is an agreement?

Speaker 23 ([00:32:09](#)):

Yes Judge.

Speaker 22 ([00:32:10](#)):

Okay. So this one, I'm going to order him off the GPS. All right. So we're at the six month mark right now and keep working, save your money.

Charlie Gonzalez ([00:32:18](#)):

Thank you, your honor.

Speaker 22 ([00:32:18](#)):

Because your kids are going to spend it all.

Charlie Gonzalez ([00:32:21](#)):

They already spent it all on...

Speaker 22 ([00:32:22](#)):

Don't spend any more.

Charlie Gonzalez ([00:32:24](#)):

Thank you.

Speaker 22 ([00:32:24](#)):

All right.

Speaker 24 ([00:32:26](#)):

He was looking at five years minimum, so we could have gone to trial and the judge could have gone anywhere from five years to prisons to life. [crosstalk 00:32:37] He was not a real threat to society, but he could have very well become a threat to society. This is all they needed to do. They just needed to diagnose him and they needed to give him the right medication in the right amounts. And this kid turned into a new leaf and he has a total different license. He is here entering into the JDP program.

Charlie Gonzalez ([00:33:09](#)):

Oh man, my ankle feels a little lighter.

Alejandro Aristizabal ([00:33:12](#)):

What we do is challenging. We work with human tragedy all day, and when you have a success, you've got to take it and run with it and really enjoy it.

Justin Volpe ([00:33:34](#)):

Oh wait. Check this out. This is from Jersey. I've had this thing since I was probably 12 years old. I'm not going to say how it got here, I special ordered it. This is it, man. I got a couple of appreciations from the court, got an award one year, it ended in the Washington Post later that year. They did a whole story on me, and then how things need to change, you need to change the system. You shouldn't have to go to jail to get treatment. It doesn't really make sense.

This is like the chilled part. You get home, you say a prayer, you meditate here. Give thanks and it helps keep you focused on what you're doing, because you have to first take care of yourself to be able to give back. And that's why this work is important because you get to give back and help other people.

Judge Steve Leifman ([00:34:32](#)):

Recovery rates for people with mental illnesses are better than heart disease and diabetes. The earlier you catch it like any illness, the better services you get someone, the better recovery rates you're going to get. They're just people and they want to do everything that everybody else wants to do. They want to be happy, they want to be hopeful, they want to have dreams, and they can't get there without all these supports in place.

And so part of it was identifying competent systems of care in the community, because some of it didn't even exist for people to get the services they needed to recover.

Narrator ([00:35:10](#)):

The Dade Family Counseling Center opened its doors in 2003, shortly after JDP was launched. It serves as a hub for JDP clients whose needs range from administration of psychotropic drugs to guidance on how to organize your day.

Walter Thompson ([00:35:25](#)):

So you get up in the morning, take your medicine or you shower, whatever you do. You eat your breakfast, at the end, you come to Dade Family. So you start getting that because what that does, that makes your day do what?

Marlys Medina ([00:35:39](#)):

Better.

Walter Thompson ([00:35:39](#)):

It makes your day better. I was instructor also in the military and a military instructor is a person that can teach anything. When you develop that, you also have to develop a way of helping people. And that's why I like teaching classes because I'm looking for that one person. That's all I'm looking for, that one person that gets it. And when that one person gets it, it's going to spread around.

Marlys Medina ([00:36:03](#)):

He's ready over.

Walter Thompson ([00:36:05](#)):

Come on [crosstalk 00:36:05] I've got to move my stuff out of your way. [crosstalk 00:36:09]

Narrator ([00:36:10](#)):

Even as he nears completion of JDP, **Stephon Berry** comes to Dade Family regularly for group and individual therapy, as well as medication. It's a regimen he hopes can help him maintain work and find stability long after court supervision ends.

Stephon Berry ([00:36:25](#)):

I'm going to talk job-related because when I'm at work, I have to know their product knowledge at work. I don't have to know that, but I have mental illness that's going on within me. And I know for a fact that when it's time for me to go to work, I have to make these sales, go out and make sure my area's clean, cover everything. All that stuff is based on organizational skills. Now I'm really happy that I share that to you all. [crosstalk 00:36:48]

Marlys Medina ([00:36:50](#)):

Stephon actually, was one of the ones that was very interested in the help. He's had a lot of goods and bads. He's gotten work, he's been fired, then he's been laid off. We're going to keep helping him with that structure and organization that he needs in order to avoid the compensation, because that's what we are most concerned about Stephon, his symptoms.

Stephon Berry ([00:37:08](#)):

I try my best every day, that's all I can do.

Alejandro Aristizabal (00:37:13):

Trevor, he successfully completed 60 days out of Better Way. He's now living independently with a Maintenance Manager. He's engaging in work, he's trying to see if he's going to do deliveries with a wine company. That's [inaudible 00:37:27] but it is a job, it is employment and it is legit.

Speaker 26 (00:37:32):

Also, what about those programs at Miami Dade Community College for him? He fits into that category.

Alejandro Aristizabal (00:37:39):

He does. He's not expressing educational goals yet. I think that he wants to get solid in the community, but we should bring that up. It's a great opportunity.

Speaker 26 (00:37:49):

As you all have heard me say, hope is the cornerstone of recovery. And it really would be helpful for a young guy like him to not only get through his court plea, but to think about what's next for him? "What's my long range plan?" And that's what we can help him with.

Trevor Dolan (00:38:11):

My new job, I started yesterday, did eight hours. Put it behind schedule Rich. I guess I did a good job because they asked me to come back here today. I just want to show the JDP people that they chose a great person for this. You kind of have that angel like looking over your shoulder, so if you do have a thought of doing bad or doing something that's not really with the curriculum, you have these people to think about how would that make me look? How would that make them look? I never really had that before. It was all about me and I just want to impress everybody.

Stephon Berry (00:38:45):

I always had a normal life and then I had this whole schizophrenia thing. It really drowned my mind, everything was crazy. I didn't know what was going on at the time, it was real. It's real psychological warfare. As I'm moving forward right now, my program is my only way to conclusions and everything that my thinking process needs from the program. I think my thought process is always messed up, but when the program started coming through and the teachers started helping, that's how my mind got better. I know for a fact, my mind's getting better everyday.

Speaker 27 (00:39:26):

The criminal justice system really should be more preserved if you like, for those that are really dangerous, people who are a danger to others. If they're coming into the system and we know eventually, the criminal justice system is not the appropriate place for them. What you want to do is intervene. You want to fix the problem so that they're constructive, they're contributing members of our community.

Charlie Gonzalez (00:39:55):

I've come far, trust me. I was just real reckless. You could say I was very immature really. These walls over here, these are the walls we built right here. Every time you see one of these walls, remember me.

Speaker 24 ([00:40:16](#)):

Charlie is a good worker. His employers really like him and he really loves his job. I see him making money, I see him as a good leader. So we can only hope that the instruments and the tools to cope maturely, that he received through JDP will carry him through.

Narrator ([00:40:36](#)):

The tools and instruments of any recovery begin with whatever resources the community has to offer, but the challenge lies in connecting those resources and figuring out what's missing. For Miami, that process started in 2000 at a meeting with researchers from the Policy Research Associates in Upstate New York.

Henry Steadman ([00:40:54](#)):

We were trying to think through a mechanism that we could effectively go into a community, and work with them and do strategic planning and help them along. So we had come up with this model which we call Sequential Intercept. Steve Leifman came over and said, "Will you guys come down here and do one of the mappings for us?"

Cassandra Lee ([00:41:13](#)):

Basically, these are the different intercepts of the criminal justice system. So right here, you have initial detention and arraignment. Here, you have jails. So this is the jails in the prison. This is the reentry process to get back into the community. And then this is back the community, so this is probation and parole. And what we do is we map the different communities and we figure out where their gaps and resources are.

Narrator ([00:41:36](#)):

When Judge Leifman and his team mapped out the intersections between people with mental illness and the criminal justice system in Miami, it revealed huge gaps. Not only for people who had been arrested, but also for those who hadn't yet entered the system.

Judge Steve Leifman ([00:41:50](#)):

And so, we realized that we needed a Pre-Arrest Diversion Program to try to limit the flow into the system. And that meant we needed to train more police officers so that they would make less arrests of people with serious mental illnesses.

Officer Kocar ([00:42:04](#)):

Hey guys, how are you?

Speaker 28 ([00:42:05](#)):

How are you doing sir?

Officer Kocar ([00:42:06](#)):

How's everything going? What do you suffer from?

Speaker 28 ([00:42:07](#)):

Schizophrenia.

Officer Kocar (00:42:08):

So you've been to Crisis before, right? And you suffer from schizophrenia?

Speaker 28 (00:42:12):

Yeah.

Officer Kocar (00:42:13):

Okay. We'll do the best we can to help you guys out.

Speaker 29 (00:42:15):

What's your name? I want to pray for you. Can I pray for you?

Officer Kocar (00:42:16):

I'm Officer Kocar.

Speaker 29 (00:42:18):

Thank you Father for this brave man, Officer Kocar, who did shoot his gun in the line of duty, and survived and killed two people, right?

Officer Kocar (00:42:24):

No, but thank you though.

Speaker 29 (00:42:25):

You haven't killed anybody yet?

Officer Kocar (00:42:25):

No.

Speaker 29 (00:42:25):

Well, you're going to kill two people before you get over. You won't get over it, but you have to save your life and you're going to do it to survive.

Officer Kocar (00:42:32):

Thank you so much.

Speaker 29 (00:42:33):

[crosstalk 00:42:33] God bless you Officer Kocar.

Officer Kocar (00:42:35):

Have a good night. Hello. How are you? When I first got on the street and someone approached me aggressively or fast, or their speech pattern was off, it definitely made me nervous and scared. It goes from being a calm situation to a situation where now he's combative, I'm combative, and then they shoot, someone might get hurt. So those are things that the training has taught me as an Officer.

Judge Steve Leifman ([00:42:58](#)):

Crisis Intervention Team Policing is this wonderful 40-hour training program developed in Memphis, Tennessee, that teaches the police how to identify someone who's in crisis, how to deescalate a situation, and where to take the individual as opposed to arresting them.

Habsi Kaba ([00:43:14](#)):

CIT is first and foremost, officer safety. So what do you think emotions can do to you when you're out there on the street, talking to someone? [crosstalk 00:43:27] It can get you hurt. It's really no fault of law enforcement that they didn't have the tools, the resources, or the knowledge to divert to treatment. Someone's loitering and they're not responding to the officer's directions. "You are non-compliant, you are uncooperative and I'm arresting you. Let's go, buddy. You're going to jail." Can I have a volunteer come up? Thank you. Thank you.

Officer Diaz ([00:43:56](#)):

Morning. How are you? Nice to see you.

Habsi Kaba ([00:43:56](#)):

So happy that you're here.

Officer Diaz ([00:43:57](#)):

Me too.

Habsi Kaba ([00:43:58](#)):

Will you join me in singing the national anthem?

Officer Diaz ([00:44:04](#)):

Where?

Habsi Kaba ([00:44:04](#)):

Right here.

Officer Diaz ([00:44:04](#)):

Right now?

Habsi Kaba ([00:44:04](#)):

Okay, no. No, no, please, please. Take a step back.

Officer Diaz ([00:44:05](#)):

Okay.

Habsi Kaba ([00:44:05](#)):

Just take a step back.

Officer Diaz ([00:44:09](#)):

No problem, not a problem.

Habsi Kaba ([00:44:09](#)):

Okay. What made you take a step back? Well, what CIT teaches the officer is to see more than just the obvious potential crime. If I just asked you to take a step back, it did not compromise your officer safety.

Officer Diaz ([00:44:25](#)):

No.

Habsi Kaba ([00:44:25](#)):

And you were able to just take a step back.

Officer Diaz ([00:44:27](#)):

You've got to compromise sometimes with these people, man.

Habsi Kaba ([00:44:28](#)):

Exactly.

Officer Diaz ([00:44:29](#)):

It can't always be you, you, you. You're going to escalate this one time.

Habsi Kaba ([00:44:32](#)):

Exactly. Beautiful, thank you.

Officer Diaz ([00:44:34](#)):

The first day I was here, I learned more in those eight hours than I did in nine years with the [inaudible 00:44:38] Not taking anything away from the patrol, the patrol is great. It's just that us as law enforcement officers, we're made to wear so many hats. And now in today's society, they also want us to wear a white lab coat to try to diagnose people. We can't do, we're not medical professionals. But here, it teaches a little bit more to recognize some of these things that people are going through.

Habsi Kaba ([00:44:56](#)):

The whole purpose of CIT is let's decriminalize the mentally ill. Let's properly assess, let's get the person to the right place and divert them to treatment when it's appropriate.

Officer Ulmer ([00:45:11](#)):

How long ago was it that stopped taking your medication? A year? Let me go ahead and speak to the mom, okay?

Speaker 30 ([00:45:16](#)):

Help me.

Officer Ulmer (00:45:16):

Okay.

Speaker 30 (00:45:18):

Sometimes when we're here, she needs help.

Officer Ulmer (00:45:21):

Okay. But remember, she also needs to be on the medication. She hasn't been taking it for over a year. She's 16 years old mom, you need to get the medication for her, okay?

Speaker 30 (00:45:28):

Yeah.

Officer Ulmer (00:45:28):

Okay.

Judge Steve Leifman (00:45:30):

And when we started the project, there were approximately 118,000 arrests per year in Dade County overall, now it's down to about 56,000. And so police injuries have almost stopped entirely, injuries to people with mental illnesses have stopped. And police shootings went from almost two a month for people with serious mental illnesses in our community, to maybe five or six in the last eight to 10 years.

Officer Ulmer (00:45:54):

What are you feeling right now? Cold? Relax, okay? You're good.

Narrator (00:45:58):

Judge Leifman and his team have spent nearly two decades implementing the Jail Diversion Project, but on any given day in the US, there are still 400,000 people with serious mental illnesses behind bars, costing taxpayers more than \$12,000,000,000 a year. Given this national crisis, Miami has become a model for other communities.

Judge Steve Leifman (00:46:20):

[crosstalk 00:46:20] This week, we had a group of judges, the elected Prosecutor, and providers from Cleveland come in. They're really working hard to try to replicate this.

Speaker 31 (00:46:31):

What's the most difficult part about your job?

Justin Volpe (00:46:34):

Putting out fires. To have 10 good clients. I would just love to hang out with them all day and eat empanadas and [inaudible 00:46:41] "You're doing great. We're doing great, let's pat each other on the back." But it's more like, "This guy is out of meds. This guy needs to be hospitalized. This guy took off, go find him." Even though you'd rather just see people do well all the time, we can't close a blind eye to what's really happening.

Speaker 32 ([00:47:02](#)):

Hey, how are you?

Speaker 33 ([00:47:08](#)):

[inaudible 00:47:08] Hey Justin.

Justin Volpe ([00:47:08](#)):

What happened?

Speaker 33 ([00:47:10](#)):

That guy kept threatening me. I moved out of there.

Justin Volpe ([00:47:13](#)):

No. You should've told me. You should've told the guy. Let me see if I've got some food.

Judge Steve Leifman ([00:47:18](#)):

We've made a lot of progress, but we still have not figured out yet how to deal with the most severely ill that keep recycling.

Justin Volpe ([00:47:26](#)):

You want a piece of cake?

Speaker 33 ([00:47:27](#)):

Yeah.

Justin Volpe ([00:47:28](#)):

It's a good cake, man.

Judge Steve Leifman ([00:47:30](#)):

97 people over a five-year period have spent 27,000 days in the Miami-Dade County Jail, and conservatively cost taxpayers \$13.7 million and we got absolutely nothing for it, nothing. It's taken us a long time to figure out what most of this population that is that sick need, is to have all the essential elements of recovery in one place.

Narrator ([00:47:53](#)):

Ironically, the site Judge Leifman has in mind for our first of its kind Jail Diversion Center, is a former State mental health facility.

Judge Steve Leifman ([00:48:03](#)):

We're going to remove the feel of it being a jail or an institution. For people with mental illnesses, "We're going to take you to some horrible facility that's under-resourced and understaffed. It's going to look like crap. We're going to throw you on a bed and medicate you against your will." Who wants to go get treated?

And so this facility, people are going to be happy to be here. They're going to understand it's really to help them get into recovery and not to punish them, torture them, but make them want to get better.

Narrator ([00:48:35](#)):

In the absence of a one-stop shop, a patchwork system of care is a reality the JDP team must face on a daily basis.

Alejandro Aristizabal ([00:48:44](#)):

Don't forget to bring your prescription for Abilify.

Trevor Dolan ([00:48:47](#)):

[inaudible 00:48:47].

Alejandro Aristizabal ([00:48:52](#)):

I thought you had it.

Trevor Dolan ([00:48:54](#)):

No [inaudible 00:48:55].

Alejandro Aristizabal ([00:48:58](#)):

I'm going to have to keep a closer eye on you, man. I'm going to have to assign a staff to really be on this because I'm just not getting really good information. So I'm going to give you a shorter reset date. I'm going to have you come back in two weeks and we're going to work between you, Walter or Justin and me. We're going to try to make sure you're aware of all your appointments.

Trevor Dolan ([00:49:15](#)):

Okay.

Alejandro Aristizabal ([00:49:16](#)):

All right. Okay, I'll see you in a little while.

Trevor Dolan ([00:49:18](#)):

Okay, bye.

Alejandro Aristizabal ([00:49:18](#)):

All right. Nobody is quarterbacking the team in the community. Nobody can tell you, the therapist, the case manager or the director, the court liaison. Nobody in these agencies can tell you what's going on with the client. I'm a little frustrated, sorry about that. [crosstalk 00:49:35]

Recording our drug test results, already getting started on that. Check this out. What's it saying? And that's positive also?

Speaker 34 ([00:50:07](#)):

All rise.

Judge Lourdes Simon ([00:50:13](#)):

Afternoon everyone. [crosstalk 00:50:14] Please be seated.

Alejandro Aristizabal ([00:50:17](#)):

On page 64, **Trevor Dolan**. [crosstalk 00:50:20] Trevor.

Trevor Dolan ([00:50:26](#)):

Hey.

Alejandro Aristizabal ([00:50:26](#)):

What's going on?

Trevor Dolan ([00:50:27](#)):

Good.

Alejandro Aristizabal ([00:50:29](#)):

So Trevor also came back positive for alcohol. There are several matters right now that I need to manage better with Trevor. So we're going to be a little more involved and have him talk to us more frequently.

Judge Lourdes Simon ([00:50:42](#)):

So you've taken on a lot of school work, but when you take out a lot, there's also the potential that you're not able to satisfy and comply with everything, so we want you to be careful. And now you've come in with a positive for alcohol, that's concerning. So let me hear from you a little bit about what you're thinking about all this.

Trevor Dolan ([00:51:01](#)):

Well, I can understand the challenges. It would be taking all the stuff in, but I did get offered by the guy I'm staying with to quit my job. So I can easily substitute it with meetings or everything that I needed to do. Me working at the winery, I don't really see it as a temptation. I don't drink on the job. I know how to drink when I came home yesterday.

Judge Lourdes Simon ([00:51:25](#)):

And that's not good. It's jeopardizing your sobriety and it's jeopardizing your status here on this program. And that's important because Trevor, if you were to go back to division, what's he facing?

Speaker 35 ([00:51:36](#)):

Judge, he has over one, two, three, four felony cases. So we need an exception to allow you participate on this program. I have approximately 45 years State prison.

Judge Lourdes Simon ([00:51:48](#)):

Do you understand that charge? Next time you think about having that drink or you think about not doing something that you're supposed to be doing, you've got 45 years you're facing. If you went back to the regular division, that's a long time in prison to jeopardize for alcohol. Okay?

Trevor Dolan ([00:52:04](#)):

Correct.

Judge Lourdes Simon ([00:52:05](#)):

Nobody wants that, okay?

Alejandro Aristizabal ([00:52:07](#)):

Thank you, your Honor. [crosstalk 00:52:08]

Narrator ([00:52:13](#)):

The Jail Diversion Project processes nearly 600 felony and misdemeanor cases a year. The recidivism rate for those that finish the program is less than 25%, but not everyone finishes.

Alejandro Aristizabal ([00:52:26](#)):

See how you can look picture perfect, then all of a sudden, within a minute, everything will just collapse. Hey Joe, how are you? I just got out of court and Trevor tested positive for alcohol.

Narrator ([00:52:39](#)):

Clients can slip, participation declines or symptoms return to complicate their path to recovery.

Trevor Dolan ([00:52:46](#)):

[crosstalk 00:52:46]. Yeah, it's not worth it.

Nushin G. Sayfie ([00:52:53](#)):

On one hand, I think there's a lot of potential when you see somebody young like **Trevor Dolan** [crosstalk 00:52:58] but he needs to wrap his brain around the fact that he's going to have to contend with his issues for the rest of his life. Young kids can be very scary just because they're usually the toughest cases.

Alejandro Aristizabal ([00:53:43](#)):

Charlie was supposed to successfully complete 12 months of court supervision today. We were all going to be clapping, we were all going to be happy about him completing this portion in his life, where the court oversees his treatment. And we learned some really difficult news. Unfortunately, Charlie was arrested on a new felony. The team and I have been thinking about this. You're always trying to second guess what could we have done? What could he have done? What could his family have done? But you have to be resilient. You have to be tolerant and understand that he came into the criminal justice system and the mental health care system for a reason. He needs help.

Our doors are open to Charlie. If the State Attorney's office allows us to work with Charlie, we definitely want to take them up on that.

Trevor Dolan ([00:54:45](#)):

I've come so far and it takes some time for me to actually sit down and reflect. Some people tell me that, "Forget the past. Let that stuff go." And I can't do that, I never will. I'll always remember what it took for me to get to where I'm at, and I'll always remember what people helped me, and I'll always remember every little detail, I will. Good morning, good morning. My last semester I got straight A's, so this semester I'm trying to do the same thing.

Speaker 36 ([00:55:13](#)):

Okay. So last class, what were we talking about? Social comparison theory, okay? And what did it say?

Trevor Dolan ([00:55:20](#)):

It says by watching people, it can influence you.

Speaker 36 ([00:55:23](#)):

Yes. What else?

Trevor Dolan ([00:55:25](#)):

Monkey see, monkey do.

Speaker 36 ([00:55:27](#)):

Monkey see, monkey do, right?

Trevor Dolan ([00:55:28](#)):

So by the time February comes around, I'm a free man and I'll be a free man.

Walter Thompson ([00:55:35](#)):

We were talking about stereotyping, stigmas, and how people make you feel concerning your mental illness? Who has ever been discriminated by? I've been discriminated by. [crosstalk 00:55:46].

Speaker 37 ([00:55:45](#)):

Because we have a mental... They say there's a mental...

Walter Thompson ([00:55:52](#)):

Mental illness.

Speaker 37 ([00:55:53](#)):

Illness in our mind that makes us dumb. [crosstalk 00:55:57].

Walter Thompson ([00:55:58](#)):

That's what the stigma is. That's what they're trying to stigmatize you as, but what is in your recovery toolbox to help you deal with what you have?

Stephon Berry ([00:56:08](#)):

You go by not discriminating against others. By not saying anything about it, by being humble about how another person should feel. When I graduated, I felt better. I've been looking for my jobs, been looking for jobs lately. I always take my daily routine to keep myself nourished. I come here, I don't quit. I make sure I keep myself comfortable in who I am. I make sure I love what I do. I love what I make in life. My light bulbs just stay up there. I keep my light bulb up.

Narrator ([00:56:45](#)):

With the jail diversion project in its 19th year, Judge Leifman has decided now is the time to try and expand JDP across the State.

Judge Steve Leifman ([00:56:55](#)):

I'm not aware of any legislation like this in the United States. And so I'm hopeful if we get it done, this will not only be great for Florida, but it'll also be great for the country as a model. The other priority is the building. There's still a few minor details that we're working out with the County and City, they're very, very close to getting those resolved. So it is possible within the next five weeks, we'll actually have a shovel in the ground and we're really hopeful on that.

Speaker 38 ([00:57:28](#)):

I'm very, very pleased and honored to have Judge Leifman with us today, to talk a little bit about mental health in our State.

Judge Steve Leifman ([00:57:34](#)):

Thank you Madam Chairman, members of the Committee. Thank you very much for the opportunity to be here to discuss these very important issues. My name is Steve Leifman. The statistics are stunning, and we now have the largest training squad of CIT officers in the United States. We have over 6,500 officers trained. The recidivism rate of our misdemeanor program dropped from 72% to 20% because of a warm handoff and making sure people were getting treated.

Speaker 39 ([00:58:01](#)):

[foreign language 00:58:01] Good morning. Come on it. Hey Stephon.

Stephon Berry ([00:58:06](#)):

It's a nice Tuesday and I'm happy I'm here today.

Judge Steve Leifman ([00:58:11](#)):

The program works so well, the State Attorney allowed us to expand it to our felony non-violent cases. That program has seen recidivism drop to about 25% and has saved the County so far, 31,000 jail bed days, 84 years of jail bed days.

Alejandro Aristizabal ([00:58:29](#)):

This could be your next to final report. Can you imagine that?

Trevor Dolan ([00:58:32](#)):

No.

Alejandro Aristizabal ([00:58:32](#)):

I can't either, man. This is awesome, man.

Trevor Dolan ([00:58:35](#)):

I still remember standing on that bench, man.

Alejandro Aristizabal ([00:58:37](#)):

I still remember you in orange.

Trevor Dolan ([00:58:38](#)):

Nearly in tears.

Alejandro Aristizabal ([00:58:39](#)):

Judge, we're really excited about Trevor's future. All his randomised drug tests are coming back negative. He actually just found work.

Judge Andrea Ricker Wolfson ([00:58:47](#)):

What kind of work?

Trevor Dolan ([00:58:48](#)):

I'm a busboy at a nice restaurant.

Judge Andrea Ricker Wolfson ([00:58:51](#)):

Good.

Trevor Dolan ([00:58:52](#)):

Yeah, the managers come up to me. They even gave me \$25 and they said, "This is for being most helpful."

Judge Andrea Ricker Wolfson ([00:58:56](#)):

I'll be happy to be here and give you a round of applause on your big day, okay? Thanks Trevor.

Judge Steve Leifman ([00:59:01](#)):

It has been so successful that Dade County actually closed one of its three main jails six years ago, at an actual cost savings of \$12 million a year. It's been closed for six years at \$72 million in real savings.

Speaker 40 ([00:59:14](#)):

Your Honor, we would ask to reset this case in division 55, the JDP program.

Erica Gerson ([00:59:19](#)):

Good morning, Your Honor. **Erica Gerson**, Assistant Public Defender. I'll be representing Mr. Gonzalez in mental health diversion.

Speaker 41 ([00:59:25](#)):

Mr. Gonzalez and I go way back. We've been through a lot of cases here, a lot of violations, a lot of jail time, and we only want you to succeed.

Charlie Gonzalez ([00:59:35](#)):

Yes, I understand Your Honor. You've always been a fair judge to me.

Speaker 41 ([00:59:36](#)):

Well, the State has also been very fair because in a lot of jurisdictions, they would have been really, a severe amount of incarceration instead. And I will grant the request to transfer the case over to division 55.

Charlie Gonzalez ([00:59:46](#)):

Thank you your Honor. I really appreciate it.

Speaker 41 ([00:59:47](#)):

Thank you.

Judge Steve Leifman ([00:59:48](#)):

So what did my County do? They were smart. They're committed, and they deserve all the credit. Our Mayor and our Commissioner. They've reinvested a lot of that money to building the first of its kind, one-stop shop for the most acutely ill that keep recycling through the community. We know treatment works. People with mental illnesses have better recovery rates than people with diabetes and heart disease. The key is helping them access appropriate and good services.

Justin Volpe ([01:00:15](#)):

Trevor! What's your plan looking like this morning?

Trevor Dolan ([01:00:18](#)):

I have an appointment with my primary doctor at three o'clock.

Justin Volpe ([01:00:21](#)):

Okay. Did they talk to your lawyer?

Trevor Dolan ([01:00:23](#)):

Oh, he told me to call him today too.

Justin Volpe ([01:00:25](#)):

Call him.

Trevor Dolan ([01:00:25](#)):

Right now?

Justin Volpe ([01:00:25](#)):

Call him.

Judge Steve Leifman ([01:00:26](#)):

I'm confident that if this bill becomes law, we will begin to decriminalize mental illness. We can apply a population health model to these individuals with these illnesses, rather than a criminal justice model.

Alejandro Aristizabal ([01:00:38](#)):

On page 28 and 29, **Charlie Gonzalez**.

Speaker 22 ([01:00:42](#)):

All right. So as much as the whole year obviously, it's been a bad year and a sad year. I want you to think of today as being a positive day.

Charlie Gonzalez ([01:00:47](#)):

Yes ma'am, I have.

Speaker 22 ([01:00:47](#)):

Okay?

Charlie Gonzalez ([01:00:49](#)):

It's a very positive day.

Speaker 39 ([01:00:50](#)):

Each and every one of us isn't perfect. There's always that one person, or that group of people, or that place that really helps you understand and feels that welcome that somebody cares about you.

Stephon Berry ([01:01:00](#)):

Well, she's been a big help ever since I've been out of jail, and I thank you for that.

Speaker 39 ([01:01:04](#)):

Thank you Stephon.

Judge Steve Leifman ([01:01:05](#)):

We will reduce homelessness. We will improve our public safety. We will save taxpayers money, and equally important, we will help people with mental illnesses to have lives and recovery with hope and opportunity. Thank you very much for your time and consideration. [crosstalk 01:01:32]

Alejandro Aristizabal ([01:01:42](#)):

Judge, if we could call please, on page 26 and 34, **Trevor Dolan**.

Judge Andrea Ricker Wolfson ([01:01:46](#)):

All right. Hi Trevor.

Trevor Dolan ([01:01:49](#)):

Hello Your Honor, how are you?

Judge Andrea Ricker Wolfson ([01:01:52](#)):

How are you?

Trevor Dolan ([01:01:52](#)):

Happy Valentine's Day.

Judge Andrea Ricker Wolfson ([01:01:53](#)):

Happy Valentine's Day. Good afternoon, everyone.

Alejandro Aristizabal ([01:01:54](#)):

Judge, it's a pleasure to report that Trevor's been engaged in treatment and mental health, and substance use disorders services for 12 months now. He's active in recovery, he's been testing negative for all illicit drugs for over eight months now. He's engaged in all treatment services, but in addition to that, he's maintaining full-time employment. He's going to school. We're really, really happy with the progress he's made throughout the 12 months. I think his lawyer has seen amazing progress. His family are really happy to advocate today or to inform the court that he's done excellent in these last 12 months. Today should be his final report.

Judge Andrea Ricker Wolfson ([01:02:35](#)):

Excellent. Let me hear from the State.

Speaker 42 ([01:02:38](#)):

Your Honor, Mr. Dolan has definitely earned the State's announcement today as to F1714775 and F1714368. So the State announce to no cross.

Judge Andrea Ricker Wolfson ([01:02:49](#)):

Trevor, we just have a small certificate here. We're so, so proud of you. Can I give you a hug?

Trevor Dolan ([01:03:02](#)):

Yeah, I'd like one.

Judge Andrea Ricker Wolfson ([01:03:04](#)):

Oh, that's awesome. You did a great job.

Trevor Dolan ([01:03:05](#)):

Thank you.

Judge Andrea Ricker Wolfson ([01:03:06](#)):

You are a star.

Trevor Dolan ([01:03:06](#)):

Thank you.

Judge Andrea Ricker Wolfson ([01:03:06](#)):

You really are. [crosstalk 01:03:12]

Alejandro Aristizabal ([01:03:16](#)):

This is awesome. Keep it up. I'll see you next week.

Trevor Dolan ([01:03:19](#)):

All right, next week?

Alejandro Aristizabal ([01:03:20](#)):

Oh yeah.

Trevor Dolan ([01:03:20](#)):

Here?

Alejandro Aristizabal ([01:03:20](#)):

I'm going to be on you. No, I'll call you [crosstalk 01:03:22] We'll catch up with you.

Trevor Dolan ([01:03:27](#)):

Okay. I didn't think it would be this strenuous with the appointment they put on me. And then my first mistake didn't help me either when I got tested positive for alcohol. But at the end of the day, people are trying to help you. Justin, Alejandro, they're really just trying to be somebody that maybe you never had in your past, or maybe you never had period.

Trevor Dolan ([01:03:49](#)):

Oh, this one is the prettiest.

Justin Volpe ([01:03:51](#)):

Not everybody that graduates gets a cupcake. We just happened to have cupcakes, it's not like a thing we had planned. We planned it. Congrats Trevor.

Trevor Dolan ([01:04:03](#)):

It's good.

Speaker 43 ([01:04:00](#)):

Congrats Trevor.

Trevor Dolan ([01:04:03](#)):

It's good.

Miami-Dade County, Mental Health Court and the Circuit Court of the State of Florida Eleventh Judicial Circuit Certificate of Completion awarded to **Trevor Dolan**.

That's me.

Cindy Schwartz ([01:04:14](#)):

The next two months, we have many visitors coming. Our first set of visitors are coming from New Jersey. We have visitors coming from Michigan. We have visitors coming from somewhere else. I can't even remember. So we should be proud and we know what our challenges are, but that's only working towards systems improvement, right? We just want to get better and better.

Documentary Ends

Ken Duckworth ([01:05:43](#)):

Hi, this is Dr. Ken Duckworth. We're going to have an opportunity to talk with the remarkable people shown in this film and the panel should be coming up on your screen. I'd like to introduce each of them by basically telling you their title and having them describe their work, their connection to this incredible program and about the film. Then I'll be taking many questions that you've put in, a lot of them are great questions. Let's start with Judge Steven Leifman the associate administrative judge of the eleventh judicial circuit, judge Leifman.

Judge Steve Leifman ([01:06:24](#)):

Thank you. Thank you, Dr. Duckworth, and I thank Dan and Teri and the NAMI family for not only showing the documentary, but for putting this wonderful program together. We're very appreciative. I also want to thank the Ornsteins. They wish, and we wish this never had to be produced. We are doing our best that one day we will look back and realize how we have treated people with mental illnesses has been cruel and unnecessary, and there is a much better way to move forward.

I'm the associate administrative judge of the Miami-Dade County Court Criminal Division of the Eleventh Judicial Circuit of Florida. I am surrounded today and at work by this amazing team that has enabled us to make some of the most significant structural changes ever in a criminal justice system to address this issue appropriately.

I will tell you that when I became a judge, I had no idea I was becoming the gatekeeper to the largest psychiatric facility in Florida. I think what you learn after several years on the benches, that many ways the criminal justice system is nothing more than a repository for failed public policies. There is no greater failed public policy than our treatment towards people with serious mental illnesses. I think what is so frustrating

about this issue is that it's fixable. It's just that we have lacked the political will and the leadership to make these necessary changes. If anything, decent comes from this terrible pandemic, it's my hope that with this pause that we have in all of our systems and all of our lives, we will take this opportunity to make the structural changes that are doable to reverse this horrible trend and to start treating mental illnesses like illnesses and not like crime.

Ken Duckworth ([01:08:35](#)):

Thank you Judge Leifman. Now, I'd like to introduce Cindy Schwartz, who you also saw in the film. She is the jail Diversion Program Project Director, Cindy.

Cindy Schwartz ([01:08:46](#)):

Hello, everyone. I'm so happy to be with you here today. It's really important to say that our success is about the partnerships that we have throughout the community, and also working with our amazing team. Everyone that works on this project is committed to the work that we're doing. It's not just a paycheck. It's about really being committed to transforming the system and helping the individuals that we serve every day.

The post-booking diversion program has many different components. It starts with the Jail In- Reach project, where we actually identify the people that have been arrested. And if they meet eligibility for the project, then we begin our work. We have a Misdemeanor Jail Diversion Program in County Criminal Court. We also have a specialized docket in Domestic Violence Court. We're also the only jurisdiction in the nation that is doing Assisted Outpatient Treatment.

We identified people that haven't wanted to get involved in treatment, and we are the only one in the country that are doing Assisted Outpatient Treatment from the Criminal Court, not the Civil Court, our Felony Jail Diversion Program serves people in terms of being Pre-adjudicated before they actually have been found guilty of a crime. But we also have Post-adjudication, those are people that have been found guilty and are currently on probation. We also have an Entitlement Unit where we help people to apply for Social Security Benefits because we recognize that people need to be able to meet their basic needs before moving towards recovery and community integration. We work very closely with the Miami-Dade Forensic Alternative Center. This is a project for people that have been found incompetent to recede. They receive stabilization at Jackson Memorial hospital, then they are assisted with community re-entry and supportive services, and they enter our Felony Jail Diversion Program.

So, we wrap the support around people that need it most. Our success also depends upon the Peer Specialists that work in our program and work towards engaging the people that we serve. I know that in the film we talked about how that's such an important piece. We need to engage people and we need to wrap our arms around them. Judge Leifman spoke to you about the Miami Center for Mental Health and Recovery, and that's next up on our head parade to move towards that system transformation. We can see it within our reach. So like I said, we couldn't do it without our community partners. By that, I mean, working with the judges, working with the public defender's office, the state attorney's office, law enforcement, NAMI Miami is a big partner of ours. Anybody that can partner with us, we engage and we welcome on board because this is a community problem and we need everyone to get behind it. So thank you so much for your interest. I'm glad of what we do.

Ken Duckworth ([01:12:45](#)):

Thank you, Cindy. Our next panelist is **Justin Volpe** and you saw Justin in the film. He's a peer recovery specialist of the JDP, Justin.

Justin Volpe ([01:12:57](#)):

Hey Ken, how are you guys? My name is Justin Volpe. I've been a Certified Recovery Peer Specialist for the Miami-Dade County Jail Diversion Program for the past 13 years. The dates are off on the film because it was filmed so long ago, but it was 14 years ago that I spent time incarcerated in the ninth floor of the Dade County jail.

I'll tell you something, the worst day of my life and the best day of my life is the day I got picked up and arrested in Miami beach and started my path through recovery with family support and supported community treatment providers. I got back on the right track and I have a blessed life today. It's a miracle and it's not a miracle. It's a miracle in the sense that if we have a safety net to catch people at a younger age, to get into the schools, to start treatment and help for our youth. They don't have to be incarcerated. They can have meaningful lives. I'm very grateful to be here today and for all our community partners and all the people that I've worked with over the years. I sometimes think that maybe I'm still delusional. Maybe I'm in a coma somewhere, laying on the side of the road because I couldn't have dreamed up something this beautiful. So I want to thank you for having me and I hope you guys enjoy the movie.

Ken Duckworth ([01:14:22](#)):

Justin, that's a fantastic perspective. Thank you for that. We'll be coming back to peer specialists in the Q and A.

Sgt. John Blackerby of the Miami Police Department. I want to thank you and welcome you to the panel as well.

Sgt. John Blackerby ([01:14:43](#)):

Thank you. Good afternoon. To all we're in attendance on behalf of the city of Miami Police Department. I very genuinely want to thank you for your attention and your interest in what it is that we're doing here in the city of Miami. My name is Sergeant John Blackerby with the city Miami Police Department. I am currently in my 23rd year of service to the citizens of Miami. I came to the city, I'm sorry, I came to this program rather late in my career, but upon getting the training, the CIT training that was mentioned in the film, and I'm sure Ms. Habsi Kaba will be happy to tell us about in a moment.

I noted what a profound difference since its inception, the city of Miami, it had made to the quality of work and the quality of our officers and the way they dealt with the public and the way they dealt with those individuals who were experiencing mental crisis. I truly believe in the vision that Judge Leifman has set forth. I do believe very much that the proof is self-evidence when we can close a jail. When my officers are less likely less prone to injury, when our citizens are less prone to negative interactions with our officers, I think it's an amazing thing. I'm very grateful to be part of it. I'm grateful to be here to represent my agency. And I very much hope that this vision spreads throughout the country. I do believe it is a path to betterment between the community and our law enforcement.

Ken Duckworth ([01:16:32](#)):

Thank you, Sergeant. It's fantastic that you've been on the service for 23 years and still so devoted to this transformational approach. Our last panelist is Habsi Kaba. She's the CIT coordinator and potential Broadway actress. I believe we're doing a role play there before she appears on Broadway. She'll be appearing in the Q and A panel obviously is the CIT coordinator for the Miami-Dade County program. Tell us a little bit about your work and thank you.

Habsi Kaba ([01:17:07](#)):

Thank you. Thank you so much, Ken. My alter ego comes out during our scenarios. I get to have fun with our officers and it's a great thing. It's a pleasure to be here. Thank you so much. I oversee the Miami-Dade County's Crisis Intervention Team Program for the last 17 years. It's really been a great ride and journey. Cindy and I were just discussing the other day after 20 years of this program, we're still working on new initiatives and expanding, and it's truly, it's an honor to work with all of my wonderful colleagues.

CIT program, for those that may not be familiar with CIT, it is a partnership comprised of law enforcement, the mental health community, families advocates, and other stakeholders. CIT is also well-known for its 40 hour specialist training designed for law enforcement, where here in Miami-Dade County, all of our 36 law enforcement agencies have partnered with CIT and we have over 7,500 CIT officers on the streets of Miami.

Also, very importantly, it's not just training that CIT can offer communities, the goal of our CIT program is to improve safety, to reduce incarceration and work towards a vibrant, accessible, and effective crisis response system where providers are available to address urgent and emergent behavioral needs independently of law enforcement services, and only engage line enforcement assistance when indicated by safety or a criminal concerns and Sergeant Blackerby is such a great example of that mutual commitment and partnership. We work very closely together along with Sgt. Blackerby. He is a CIT coordinator for his department, but we also have 80 other CIT line enforcement coordinators throughout Miami-Dade County.

We meet regularly and work with our providers, our families, our advocates, anyone, and everyone who has the same goal in meeting the needs of people with possible mental illnesses and in crisis. I also would like to say for anyone that is interested in implementing, learning more or developing a CIT program in their community, please go to CITinternational.org. You will find on our website, our new best practices guide on implementing CIT programs in your community. So please look us up and I look forward to speaking with you. Thank you.

Ken Duckworth ([01:20:15](#)):

Thank you. And thank you for the brilliant work you're doing in training. We have about a thousand people participating in this remarkable event. Forgive me if I don't ask your question precisely, I've tried to organize them into categories. The first question is a variation as different ways how do I get this in my community? What are the biggest obstacles to getting it into my community? How are you spreading the word of this brilliant work? So it's all variations on our complete recognition of how fantastic the program is and people want it in their community and they're willing to work for it. So I'm going to toss these out and I encourage any of you to answer. Thank you.

Judge Steve Leifman ([01:21:02](#)):

Thanks, Ken. I'll take the first shot at that. Cindy mentioned it's really about a collaboration, but you really do need some leadership that has the ability to bring all the different stakeholders together to start that dialogue. For us, as a judge, it was me, but it can be done by the state attorney, elected state attorney, the sheriff, you need someone that is seen in the community kind of as a neutral arbiter. The courts are now getting heavily involved in this issue. There is a task force that was put together by the conference of chief justices to try to basically scale what we've done in Miami-Dade County, throughout the country. It's going incredibly well. The level of enthusiasm and support among all the state chief justices is phenomenal. But what I recommend people do is that they go visit the chief judge of their circuit, talk to them about these issues and see if they would be willing, or if they could find a judge who's interested in this area to bring the community together.

We started by a two-day summit and we literally, as the documentary shows, we mapped out how the criminal justice system intersects with the community mental health system. What we found is that we were embarrassingly dysfunctional, and we put together a two-part approach, a pre and post arrest diversion system. We actually came up with a written collaborative agreement and we had all the stakeholders come into my chambers and sign this document saying that they would dedicate and commit to making these structural changes. We just started, we had no money. We didn't even want to ask for money because part of the issues were our own problems and we just worked together on a regular basis to solve it. We still have ways to go. We're close. We'll talk more about those areas in a minute, but it's very doable and every community can and should be doing this project.

Cindy Schwartz ([01:23:05](#)):

I would like to say..

Ken Duckworth ([01:23:06](#)):

Thank you.

Cindy Schwartz ([01:23:06](#)):

Just a couple of words on this also. I think that it's about finding creative solutions. It's not only about funding a project and where do you find the funding. It's about collaborating with your partners and finding these common goals like Habsi said earlier. I think that's really important to know that it's not always about the money. It's about connecting the dots and finding those common interests among all of the stakeholders.

Ken Duckworth ([01:23:42](#)):

Anybody else want to take this one? It's a common question. So I encourage all of you to weigh in because I'm going to say a third of the questions were a variation on "I need this in my community. What can make it happen?"

Judge Steve Leifman ([01:23:58](#)):

It's not necessarily looking to start a new program. What we found are areas that could assist us in this project that were already being done. We didn't need to reinvent the wheel. We needed to coordinate the services and improve the access to it to make sure that there was someone responsible for making this happen. I remember one of the first positions we hired, we nicknamed a super case manager because people have case managers in the community, but they really weren't doing what needed to be done and they weren't coordinating care. A lot of it is just making sure there's an advocate for this population and making sure that they're getting the access to the care that they need. That's kind of the incredible role that Justin plays. We say this jokingly, but it's really quite serious.

The peers are our secret sauce of our recipe. They make this work. For so many of the people that come into our system with these serious mental illnesses, they've had all of their relationships severed and they've given up on life. It's not that they don't want to take medication or treatment. Most of them don't care if they breathe the day they come into our system and Justin and his peer colleagues do this amazing job of reestablishing those relationships to help people to become incentivized, to want to get better. Once we can cross that threshold, then we can do magic. Justin and his team have been able to do that.

Cindy Schwartz ([01:25:37](#)):

I'd like to say something about that. Justin, why don't you go ahead.

Justin Volpe ([01:25:42](#)):

I just wanted to add on what judge Leifman made comment about the case managers of the community and peer specialists and incentives. I think a big part of doing this work, if you're doing it in the community is to recognize that from all aspects, from the court, from treatment providers, from police, it is not easy work and not everyone is cut out for it. You need to give incentives for people to want to do the work and feel appreciated. I think the more recognition and communication you have across the board will help and rewarding people for doing a work. Let's not reward encounters, let's reward outcomes of communities of people's lives. That's where the work really is.

Habsi Kaba ([01:26:29](#)):

We can't do it without including everyone. It must be inclusive, the approach, we don't know everything but together we can find all the answers. Education is key. When I do a community presentation, they assume they understand what law enforcement encounters, they don't, you don't, unless you spend time with them and ride with them. So how can we help meet the needs of law enforcement as well? We need to understand all sides of it and provide education, not only to law enforcement, but society needs education as well.

Ken Duckworth ([01:27:10](#)):

Sergeant, did you want to comment?

Sgt. John Blackerby ([01:27:12](#)):

Yeah, if you don't mind. One of the things, one of the reasons why I'm so glad to be part of this is because it goes to what I had said about most of the problems that exist within the law enforcement community or ones that can be addressed through communication. By simply sitting down with your individual partners in the community, trying to identify the problems, the gaps in service, the things, what will aid and facilitate [inaudible 01:27:46] transition of the individuals. That's the key. When you sit down and identify the problems, then we can start to address solutions. I will tell you, as one of the coordinators for the city of Miami, the issues run both ways. Law enforcement has issues with the intake facilities, the intake facilities have issues with the officers, through these avenues of communication. We can address them and smooth things out, so that things run smoother for individuals that need this purpose. Ultimately, that's the goal.

Ken Duckworth ([01:28:23](#)):

Thank you. All right. Now, Cindy go.

Cindy Schwartz ([01:28:30](#)):

I just wanted to say as the project director, I think that management is also very important in terms of how all the wheels turn together. It's really important to empower all of the staff. We have team leaders, we have court case management specialists. We have peer specialists, we have intake staff. We collaborate with staff in the jail. Everyone needs to be empowered to be able to do their job effectively and to work at a round table where everyone is important. I think that's very important to the work that we do.

Ken Duckworth ([01:29:14](#)):

Thank you. A couple of questions came in about the connection to the mental health community, social workers, psychiatrists, AOT. Can you describe that a little bit?

Judge Steve Leifman ([01:29:31](#)):

Cindy, do you want to take a shot?

Cindy Schwartz ([01:29:33](#)):

Sure. I just didn't want to jump in because I feel like I'm talking too much, but yeah.

Ken Duckworth ([01:29:41](#)):

That is a good director of program question. It's right in your wheelhouse, Cindy, let's go.

Cindy Schwartz ([01:29:45](#)):

So, our relationship to community providers is very important because we can't do it without them. We do not provide treatment and services. We only link to treatment and services, but the providers in the community, and that's not just behavioral health, but it's housing, it's Social Security, it's Law Enforcement and how we work along with everyone. We have connections everywhere and if I don't have the connection, then Justin will have the connection or Habsi will have the connection. That's what I mean by empowering our staff to do the best job that they can. That's really important. Our connections with the community and the behavioral health community are very important, but it's not just the behavioral health community is everyone.

Judge Steve Leifman ([01:30:43](#)):

So Ken, I'll give you a classic example on how we work. I'm dealing with this situation just today that just highlights how complicated the problems are, how complex the population is and why you need this kind of advocacy within a system to make it work. So we are this young man who is in our felony jail Diversion Program. He violated, picked up a new situation and is back in custody, when he was on his medication he did great, but the only medication he is has done well is Clozapine. He has schizophrenia, everything else has failed. He stopped taking his Clozapine and he got put back in custody for his behavior. His family is besides themselves. Everyone's hysterical. We're trying to figure out a way to help him. What we are working on now is because of the relationships, one of our staff today met with the provider that handles services at the jail because Clozapine is not a normal treatment available at the jail

Ken Duckworth ([01:32:00](#)):

Correct. Psychiatric chemotherapy, Judge Leifman, that's how I've named it to my patients. It's the best anti-psychotic, but it's the real deal.

Judge Steve Leifman ([01:32:11](#)):

Yep. It works incredibly well for a lot of people, better than other medications, but the jail doesn't offer it as a treatment, but we have found a way to get that offered to him in the jail. If he'll take his medication and get back on there, we'll be able to get him out very quickly. Otherwise he may be stuck for awhile. What we're also looking at doing is to see if we can get his charges reduced because we have Assisted Outpatient Treatment in a Misdemeanor Division. So if we can get his charges reduced, I can then get him on the Assisted Outpatient Treatment, which he probably needs and qualifies for. But it takes this amazing conversation and advocacy from all the different stakeholders to make it work. That's what we've been able to do. I think that's the key to our success.

Ken Duckworth (01:33:05):

Absolutely brilliant. So just to review, Clozapine is the only FDA approved anti-psychotic for treatment resistant schizophrenia. After two failed trials, it's the only anti-psychotic that has been shown to reduce the outcome of suicide. It does have medical complexity, but it is the best anti-psychotic and frequently difficult to administer. You've been able to navigate that is a remarkable. I want to shift gears a little bit, Justin, you are amazing, right? That's a straight up comment. I can so relate to your experience about getting incarcerated, being the best and worst days of your life. The person describes their own journey during a PhD program while living with a mental health condition. The question to you is how do you care for your own mental health while being in service to others?

Justin Volpe (01:34:02):

That's an excellent question and I appreciate whoever shared their comments and sharing their own story. My health and my family come first because there's an old analogy or metaphor that we've all heard, when we fly in airplanes, they bring down the emergency cards and they go over safety protocols. They say in the event of an emergency, if we lose oxygen, secure your mask first before helping the person next to you. I think that we could talk about peer specialists. We can talk about mental illness, but really it relates to everybody, doesn't it? Look what everybody's been through the last year, whether you've been on the frontline or you've been locked in your house, you have to take care of your house. To me personally, your house involves eating healthy meals. Before I had this job, I was a cook at many restaurants and I love to cook food. I love to spend time with my children, my wife, I walk my dog.

I tell you, the problems I have now are privileged problems compared to looking over my shoulder before I shut my door at night on Miami beach. I'm thankful for that. Besides that, I stay compliant with medication. I exercise, I do meditation. I try to drink a lot of water. You name it, do a wrap plan. If this person knows what wrap is, W-R-A-P Wellness Recovery Action Plan. Get yourself a book. You'll love it.

Habsi Kaba (01:35:40):

Yeah.

Ken Duckworth (01:35:41):

Thank you, Justin. Let's talk a little bit about Assisted Outpatient Treatment. I'm sorry, Habsi, go ahead.

Habsi Kaba (01:35:46):

Thank you. Yes. I just wanted to mention, Justin is so right about wellness. I'm speaking to our communities. If you are involved in any way or would like to get involved in CIT, I really encourage...

... involved in CIT, I really encourage you to do so and to help our police officers who have very high rates of, as well amongst them suicide, alcoholism, divorce, and of course as their environmental stressors PTSD, so we need to also protect our protectors. And within our CIT program training, we also have a wellness officer wellness training for our officers. We also have a system here in Miami-Dade County where I received approximately 150 calls a month from officers with their own concerns, mental health concerns and their families. And so, I will refer them outside of their agency if they choose to, to the mental health system discretely and just help them to navigate through the system, so they can be well to be able to take care of us. Very important [crosstalk 01:37:02].

Ken Duckworth ([01:37:02](#)):

Before we get to AOT, I've had a couple of other questions about culture and black and brown people, people with non-conforming gender. I wanted to ask how you approach cultural humility, teaching yourself about people of color and how you thought about diversity in your staffing, and in listening as you design your program.

Judge Steve Leifman ([01:37:27](#)):

Let me first say that not only is there an over-representation of people of color in the criminal justice system, there is even a worse representation of people of color with mental illnesses in the criminal justice system. Also, not in Miami but in nationally, most shootings of people with mental illnesses that are fatal end up to be people of color as well. And so, there is a huge problem that we are aware of and we do our very best through training. Our circuit is very proactive in this arena and we do, I would say a relatively good job both in a hiring of our staff, as well as staying current in these areas to make sure that we're appropriately sensitive and doing the right thing by people because that includes and it's not easy.

There is a not only a shortage of psychiatrists, but there's even a worse shortage of psychiatrist of color. And so we want to have culturally sensitive treatment and it isn't always easy for us to find, but we do our best. And, Cindy can talk a little bit more about some of those other related issues but it is front and center for us, and we take it very seriously.

Ken Duckworth ([01:38:43](#)):

Cindy.

Cindy Schwartz ([01:38:44](#)):

Our staff is representative of our community and we currently have about 22 people on our staff, of all different types of cultures. Most of our staff are bilingual and it all fits together. We observed that people are different, but really fit the same mold. So, we try to place them in culturally correct environment so that they feel most comfortable. And I think Justin can talk about this also in terms of his direct work with, of the individuals that we serve.

Justin Volpe ([01:39:29](#)):

Yeah, thanks Cindy. That's a really good question for a good time in 2021 and all I can tell you is that if you think you know everything, you don't know anything at all. And, that I have to learn and that we have to learn, we have to be flexible and always learning like Habsi said, education and educating ourselves and our own biases because believe it or not, everybody has biases that we grew up with and we have to learn how to work through them to better serve everybody, and saying you don't have one is like being in denial. What I can say is I've served everybody in Miami and this is a beautiful melting pot and I've learned so much about culture and different individuals and it's beautiful. And, the most beautiful thing is that everybody can recover and everybody given a chance.

And, what goes beyond different cultures is that we need to realize the trauma and what it's like historically for a lot of different people and what they've been through throughout the years to better serve them. And, until we acknowledge that as a whole and start having these open conversations and dialects then we're going to see more reception and more change because it's hard to engage people that don't trust the system. And that maybe me or Cindy is just the face of that system, and they're not seeing the whole picture because they have their blinders on, and that's what trauma will do to you, personally experienced that

myself. So, we need to just continue education, continue dialogue, and continue learning to better serve and to get everybody on the same page.

Judge Steve Leifman ([01:41:23](#)):

I was going to follow that up and before Justin talked about it, I was going to mention trauma as well, because that's also the cultural shift that we needed to do. We had to become culturally sensitive to the population that's in front of us, 92% of all the women in jails and prisons in the United States with serious mental illnesses have serious histories of trauma mostly sexual abuse, 75% of men who were in jail and prisons in the United States with serious mental illnesses also have very serious histories of trauma. And so, it's really important for us to make sure that we're sensitive to those issues, that we're able to talk to people in a way that we do not retraumatize them. And we get them out of jail as quickly as feasible and appropriately as we can, so they do not get retraumatized within our criminal justice system, which makes it easier for us to help them recover.

When we do that, we do a lot of damage to people in our system, and it's not on purpose. Most of my colleagues around the country don't know that, but we're teaching and we're getting and we're getting there, and we have other programs like our Judges Psychiatric Leadership Initiative which is a training program for judges around the country. And we're making a lot of progress and these are the issues that we've learned that if we really want to help this population recover, we have to understand what the root causes are and be able to relate to them in a way that they can get into recovery. And it works, it's miraculous, we do other things too that help us. I'll talk about it when we get to AOT, like using long-term injectables, but there is a lot that goes on in this ecosystem that we've created, that is as complex as the complex needs of the people that we're serving.

Ken Duckworth ([01:43:20](#)):

So let's talk about lack of insight, lack of awareness, technical term anosognosia. So, whole subset of people who live with psychotic illnesses can't appreciate that they're ill, just like people who have Alzheimer's disease can not appreciate that their memory is lapsing, right? So it's a cruel dimension of some of these illness processes. Assisted outpatient treatment is a controversial area not used across the board, my state of Massachusetts doesn't have it, across the border in New Hampshire, they have it. So it's very state by state and how families navigate it is a one great challenge that we find at NAMI. Can you tell us a little bit about your experience of people who've received AOT and how that ties-in to the court leverage? And how you think about that? And is that how you think about it? There's four or five questions about AOT getting help for someone who can't see that they're ill.

Judge Steve Leifman ([01:44:21](#)):

So, it's not only state by state, it's community by community. So we have AOT in the Bucks and Florida but there's only three or four communities out of 67 counties that are doing anything with it, so it really depends. And a lot of it has to do less, I think philosophically, in many cases than resources because you need to build an entire system of care around those individuals and it costs money. We were fortunate, we were able to get the legislature to give us money for the program and it is miraculous. It's not for everyone, and I will tell you our philosophy in our program is to first try to get individuals to voluntarily take medication. And, the judges are trained, the staff is trained, and we work very hard to try to convince people to do this voluntarily. And when they won't, the criteria for AOT, Assisted Outpatient Treatment on Florida is very narrow and very strict.

What we did about four years ago, is we were able to get the legislature to extend the jurisdiction of AOT from the civil court, and Cindy mentioned this earlier, to the criminal court, but only the criminal court

misdemeanor division. Why? Because that's where you get so many homeless individuals who are recycling in and out of the criminal justice system for their entire adult lives. And they're very sick and they've been psychotic sometimes for decades, homeless for decades, their brains are being permanently damaged in some cases, and AOT is a lifesaver for them. And so, what we do is if people have first failed the regular part of our program, which isn't that many, it's a small group, we will then send them to our provider, Jackson Memorial for them to be assessed to see if they meet the criteria. If they meet the criteria, the hospital files a civil petition in the criminal misdemeanor division.

And they're appointed a public defender, a guardian if need be. We go through an entire civil process in the criminal court. And in every case thus far, it's been about a year, the person ends up voluntarily taking treatment because they know if they don't, they're going to be hospitalized, and so there's leverage. And I rather have that leverage than jail bar leverage because jail bar leverage honestly, doesn't work and sometimes makes people worse. And so, I will tell you it's every judge's favorite division, because in a matter of two to three weeks, we see people who have been destitute homeless, co-occurring, come back to life for the first time in decades. The facility generally puts them on a long lasting injectable, so there's not a drop [inaudible 01:47:22], and they're not missing a treatment and they gain insight very quickly.

It is amazing to see. I was in court, I'll never forget this, about six months ago, I was covering the AOT calendar and we had about four or five individuals who are out of custody doing well, they were just there for a check-in. And we had a new individual who was not on his medication, he was very sick and he was crying hysterical about his mom who had passed away. And in the middle of the hearing, one of the guys in our program who's in treatment got up and went over to the bench where he was sitting and gave him a hug in the middle of the hearing. And the guy that hug the him, I will tell you, three weeks earlier, wouldn't even know he was crying because he had been so sick himself.

And when you see that kind of insight and you just know it works. It's not for everybody but for those that it is, it is a game changer, and we are seeing remarkable success. I mentioned in the video of study and I'll just mention it quickly because I know we don't have that much more time, but we had a study conducted by Florida Mental Health Institute. We send them the names of 3,300 people who had come through our program in the jail that we knew had serious mental illnesses. And we asked them because they have access to all the police records, hospitalizations, civil commitment, hospitalizations, and Medicaid and Medicare records. And they can literally tell a community who the highest utilizers of criminal justice and mental health services are.

So we send them these 3,300 names and social security numbers and they crunched the numbers. And they narrowed it down to 97 people, primarily men, primarily diagnosed with a Schizoaffective or Schizophrenia disorder. Primarily co-occurrent and almost all homeless, who over a five-year period, these 97 people were arrested 2200 times, spent 27,000 days in the Dade County Jail, 13,000 days at a state funded psychiatric facility, cost taxpayers in today's dollars about 14.7 million, and we got nothing. That's the narrow group of people that AOT is for, and that's what we're using it for, and we are seeing amazing success.

Ken Duckworth (01:49:46):

Anybody else want to comment about AOT? Lack of insight? Justin, I do want to ask you about your experience of that as a peer leader, right? And how do you work with that? Because some people don't necessarily thank you at least initially in my experience, but it just life and sake, can be life-saving for a selected sub-population. You care to comment on that?

Justin Volpe ([01:50:14](#)):

Yeah. I would like to comment, and my comment might not be the most popular on this chat right now. It works for when they're in the program and I love to see the spirit going back in people's eyes and make eye contact and have good conversations. But unfortunately Ken, what I've seen in 13 years in the community is that when the court is not involved people tend to go back to old behaviors and not be so compliant with medication. And what we're talking about here is beyond AOT, beyond jail diversion, beyond CIT training, it's we need to build better community strengths, have stable support of housing, have homes that people can afford in urban areas and have some basic rights and freedoms that you and I have all taken for granted, that people haven't had their whole lives.

And when we start looking at things from a bigger picture, some of these other issues will succeed, I think. We really need to have more systems important including housing and people, good run houses. If I were to talk to you, I know it's not a question, but when it ties into everything, it's like, if you do not trust where you sleep at night or the neighborhood or your roommate or the people you live with, you're probably going to leave. So if the court's not keeping me here, if nothing is keeping me to stay here, I'm going to do what I've done my whole life. And that's where the court should not be involved forever, that's where the police should not be involved forever. There needs to be more of a system of social workers, of networks of community providers to catch these people before they get arrested before they commit a crime before they get off their meds.

Ken Duckworth ([01:52:04](#)):

Questions come up about CIT, so I want to ask Sergeant Blackerby and Habsi. How do I get CIT in my community? Are police officers likely to be resistant to this training? What can I do as a NAMI member or as a community leader to make some change inside of my own police department?

Habsi Kaba ([01:52:29](#)):

I would definitely recommend going to CIT International to start with the guide. The implementation guide takes communities from step one, how to identify your key partners, how to reach out through them, how to bring in your Sheriff's department, all the way to changing and transforming your crisis response system in your community. When I began doing this type of training for law enforcement, I didn't know what I was getting myself into. It was 17 years ago, I was that messenger that stood in front of 30 officers and said, "Okay, we're going to do it this way instead." It was better that I went in the way I did not knowing because I don't know if I would have initially wanted to do it. I'm so glad that I've done it because the truth of the matter is that, it's was very difficult to [inaudible 01:53:32]. We were pointing our finger at law enforcement and saying, "Well, you know what, you're not doing it right. So we're going to show you how to do it." And you know what I've learned that they're teaching us just as much as we're teaching them. And so...

Ken Duckworth ([01:53:44](#)):

That is humility, yeah.

Habsi Kaba (01:53:47):

Yes. So yes, there was resistance at first, but really, rightfully so resistance is fear. And so we didn't know each other, we didn't understand each other. We started talking, we started listening to one another. We came in with a different approach after I was educated by law enforcement and said, we can learn from each other, let's come together, let's co-facilitate this training, let's implement police policies, but also implement a different approach to training when encountering people in crisis and with mental illness. And so now, I have a waiting list, I have officers, departments that want to know how do we do more. And that was just showing respect to everyone and knowing that everyone has something to say here and something to teach. And I know that we want to hear for Sergeant Blackerby because he had that experience. And also hearing from others.

Ken Duckworth (01:54:55):

Of course, we do. I have a comment for Sergeant Blackerby. I had a profound personal experience with two police officers when I was a young adult. This was pre-CIT, it was the most humane interaction I ever had with anyone in any aspect to the system. Sergeant Blackerby, from the bottom of my heart, I want to thank you for what you and other police officers do, who are humane by nature or trained in CIT. That's a straight up comment. I wanted to share that because you begin, I think if I did the math, 23 years ago, you were an officer pre-CIT. So [crosstalk 01:55:39] this question after that affirmation, did it change you or you always naturally empathic? What was it about CIT that interested you? Then I'm going to do one last comment from everyone, so this is the last question.

Sgt. John Blackerby (01:55:56):

Wow, okay. So it's...the discussion of culture came up earlier. Yes, I did come on before the CIT program became, was instituted with the City of Miami Police Department. I can say with a tremendous amount of confidence that the culture of my agency has changed from top to bottom since the introduction of CIT training. And I think that comes from seeing the success that CIT training shows in its real world application. When an officer can go to a scene and calm the situation down, where other officers are known to potentially, by their lack of empathy and their lack of understanding and their lack of care could potentially blow that situation up, make that situation worse. The culture has now become one where the officer that responds and calms things down, and gets the individual into the back of a car without anyone getting injured, now becomes that's the attaboy, that's the gold.

And I can say that unfortunately that wasn't always the case, but through the training, it becomes self-evident that it works. And when I work in a city that's safer, I work with officers who are less prone to injury. I work with officers who have a good reputation in the community and they come to me, I've had people and it's grateful to hear it again, but I have had people, members of the community come forward and say, "I was mistreated by agency X, and I came to you and I came to your agency and I couldn't believe how well I was treated." And I came to the CIT program late, as I said, and what I saw when I went to the training was a lot of the things that I had been doing. Honestly, they were working and it reinforced what I had been doing for those years. But it also brought, it reminded me that every person has had some contact through friends, through family, through relationships, with an individual who may need help.

And I've been touched by in it, every person listening to the person who [inaudible 01:58:41] has been personally touched by an individual that had some kind of an issue that they needed assistance with, and I felt better knowing that I was a part of it. And the buy-in for officers all around the country is, this is going to affect you if [inaudible 01:59:01], and then you can end your career safer and genuinely see your city, your community has improved while you were there because that, I want to leave my city better than it was when I came in. And I'm so...

Ken Duckworth ([01:59:18](#)):

Sergeant Blackerby, when I was in [crosstalk 01:59:20], when I was involved in restraint reduction, we noticed that the units became safer, that were more engaged in a proactive de-escalation. So Sergeant Blackerby, I'm going to have that be your last comment. We only have a couple minutes, I'm going to ask each of you to say anything you'd like to say before we close. Habsi.

Habsi Kaba ([01:59:42](#)):

Education, education, education. Thank you, everyone. That's all I want to say.

Ken Duckworth ([01:59:48](#)):

Cindy.

Cindy Schwartz ([01:59:50](#)):

Recovery, hope is the cornerstone of recovery, and everything that we do is based on that philosophy. As a manager, we're trying to find creative solutions to work towards the systems transformation. That's what we do and that's how we put it all together.

Ken Duckworth ([02:00:13](#)):

Justin.

Justin Volpe ([02:00:15](#)):

Hey mom, look I'm on TV. Hope everybody stays well. Get out of the house, try to do something safely. If you've gone crazy the last year, you're yourself going through your own stuff. Get out the house, do something in some nature. If the weather's too cold, come to Florida. Everybody else comes here anyway. So,

Ken Duckworth ([02:00:41](#)):

All right. Judge Leifman, you get the last word.

Judge Steve Leifman ([02:00:44](#)):

Thank you. Just like we have to believe that people can recover. We have to believe that systems can learn how to offer recovery. And I think with this amazing group that you heard from today and the rest of our staff, we're showing every day that, that's possible. And, well Justin's right, that we need to do a lot more, you have to create that demand by making sure that people are kept out of the system, and when they do get in, get them out as quickly as we can. And over time, I am confident and I'm optimistic actually that in 10 years, we're going to look back and realize what a horrible system we had and what a much better system we now have in 10 years.

Ken Duckworth ([02:01:34](#)):

Thank you, Judge Leifman. A couple of questions about resources. Let's go to the next slide on what resources are available. These are all things that directly relate to these topics and encourage you to take a look at them. And I'm going to hand this back to the CEO of NAMI, our fearless leader, Dan Gillison.

Dan Gillison ([02:02:18](#)):

Hello, everybody there? Okay. Dr. Ken Duckworth, thank you. And as I've said many times, Chris Cuomo should look over his shoulder because you do an excellent job, buddy. So listen in closing, let me start by just thanking Judy Harris and Norm Ornstein and the Matthew Harris Ornstein Foundation. This body of work is, as a result of their work. And just wanted to say thank you to the judge, Cindy, Justin, and Sarge and Habsi. Thank you, the investment of your time is absolutely making a difference. And the biggest theme is leadership, it is all about leadership, and Cindy you mentioned hope, NAMI's values the National Alliance on Mental Illness. We have five values hope, inclusion, empowerment, compassion and fairness. That's what's threaded through this conversation today. I also want to mention leadership again, and I want to thank you all for your leadership, your vision, your passion, your teamwork, your collaboration, and your communication because it's all making a difference.

And Sarge Blackerby, thank you very much for talking about the opportunity for a lack of, to address a lack of empathy and a lack of understanding and a lack of care, and that peer training, critically important. And I would say that we want to make sure that you know about NAMI's helpline, that helpline is there for resources, 800-950-NAMI or 6264. Last but not least, we know it's, as the judge said, complicated and complex. And at the end of the day, beginning of the day, these systems cannot perform without people. So at the beginning and the end of the day, it is about people and people making a difference and people caring enough to stay engaged and to do this work. So let's close with this, this was a wonderful kickoff to a four-part series, Help Not Handcuffs.

The next session you see on your screen is the Thursday, the 25th of March, same time. Introduction to Community Models, Legislation, and Introduction to Community Models, Additional Community Models, and Implementing a New System is the last session on the 20th of May. And we will be showing some of the models from different communities and sharing those as a possible scalable models that you can look at for your community. So in closing, I just want to thank you and Justin, as you mentioned, privileged problems, we're all in that space now where we're living that privileged problems, and we need to look at what we can do for others and continue to do that. And thank you for what all of you all do and to everyone that is with us today, thanks for what you do. And remember, you are not alone, and if we can do anything for you, we'd love to know about that.

The Ask the Expert series is informational webinar series and you can see the information here on the screen in terms of what it is and what it is not. And one of the things we want to make sure you know, is that it's not provided to provide medical advice or on any specific topic for any specific individual.

Now, this series is made possible by donations and donors. So we want to make sure that, you know that, that's how we bring these to you. And if you would care to donate or you know of an individual organization that would like to donate to our mission, nami.org/donate. We really appreciate you and your work and all of you working so hard to make a difference. And we'll end with the one thing I always say, people don't care how much you know, until they know how much you care. And we just appreciate all of you for how much you care and we wish you the very best, a good close to your Thursday and a great Friday, and just a beautiful weekend. All the best to everyone in. Thank you. Thank you very much for what you do.