

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
OF FLORIDA IN AND FOR THE COUNTY OF DADE

SPRING TERM A.D. 1985

FINAL REPORT OF THE GRAND JURY

FILED
NOVEMBER 12, 1985

Circuit Judge Presiding

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THE MENTALLY ILL DEFENDANT

INTRODUCTION

As this Grand Jury began its Term, the publicized report on Mentally Ill Criminals in Dade County, Florida, by the Citizens Crime Commission was released. Another informative report was that published by the Human Services Institute, Inc. (HSI) for the now dissolved Dade-Monroe Mental Health Board. Both these reports were worthwhile attempts to address and analyze the trail of the mentally ill from the street, to the jail, to court, to state hospitals, back to court and then finally back onto the street, only to retrace these steps again or, as they describe it, to pass through the revolving door. These reports and many others have focused on the problems resulting from deinstitutionalizing mentally ill defendants in the State of Florida and particularly Dade County. These reports sparked our interest in the topic of mentally ill defendants. By the end of our Term this interest had evolved to great concern.

Every year between 100 and 200 identified mentally ill defendants are released from hospitals and jails into Dade County. Most of these will be rearrested or returned to a mental hospital because of a lack of community based programs and facilities within which to treat, monitor and supervise these defendants.

In this Report, we do not address the problems of evaluation and treatment of the mentally ill defendants in our jails and hospitals. We focus in this Report on the mentally ill defendant who is released to the community.

OUR STUDY

We studied a population of 100 mentally ill felony defendants who were discharged from state hospitals and released by the Courts into our community in 1983. ⁽¹⁾ Not everyone returned to court for disposition of their case is released; some are recommitted for continued hospitalization and others may be sent to jail or prison. (In addition to our population there were 16 who were sent to prison, and 43 were recommitted for rehospitalization.) We chose 1983 to allow at least twenty months to see how the 100 defendants who were released to the community succeeded or failed after the "system" intervened or failed to intervene. Twenty months would allow most of these defendants a sufficient amount of time to complete most, if not all, of the mental health programs existent in the community. The group we looked at included those who had at one point been determined incompetent to stand trial, (IST) and those who have been found not guilty by reason of insanity (NGRI). Our study followed these 100 defendants from release to the present date to ascertain what had transpired in the approximately two years since their release.

We reviewed the extensive records of the Mental Health Administrator's Office, hospital records, psychiatric evaluations and criminal justice system records to obtain as complete a picture as possible of the mentally ill defendants we studied. We would like to thank all the agencies and individuals who assisted us, particularly, Anne Herriott and Dale Frick.

(1) This number includes one individual who was discharged from a state hospital to the Dade County Jail where he was beaten to death by a cellmate. Therefore, all figures utilized here on aftercare are based on the number 99.

We found the following information concerning the 100 defendants we studied:

	<u>SEX</u>	
	<u>Number of Clients</u>	<u>Percentage</u>
Male	83	(83%)
Female	17	(17%)

	<u>RACE</u>	
	<u>Number</u>	<u>Percentage</u>
White	30	(30%)
Black	44	(44%)
Latin	26	(26%)

	<u>LANGUAGE</u>	
	<u>Number</u>	<u>Percentage</u>
English speaking/ Bilingual	83	(83%)
Non-English speaking	17	(17%)

	<u>EDUCATION</u>	
	<u>Number</u>	<u>Percentage</u>
Partial College/ Graduation or more	21	21%
High School Graduate	3	3%
Partial High School	38	37%
Grade School	30	30%
Unknown	7	7%
None	1	1%

	<u>AGE</u>	
Minimum Age	20 years old	
Maximum Age	76 years old	
Range of Ages	56 years	
Mean Age	37 years old	
Median Age	34 years old	
Mode Age	32 years old	

The average number of arrests for each defendant prior to their commitment was seven. We found this recidivism very disturbing and we were also very concerned that procedures were not in place in Dade County to insure the immediate identification and evaluation of the mentally ill when arrested.

In understanding what has happened to these 100 defendants it is important to understand the trend towards deinstitutionalization or, in other words, the trend to decrease the utilization of State hospitals and to utilize community alternatives. Initially, State hospitals were created as humanistic alternatives for the care of the mentally ill. Since the 1960's, however, the trend has been towards deinstitutionalization. This was a direct result of the use of psychotropic drugs which revolutionized institutional psychotherapy. The once aggressive, unmanageable and usually intractable patient became calm, cooperative and reachable. He became functional and responded to more positive therapy such as occupational and recreational therapy. The need for drastic measures of restraint, isolation, shock treatment or lobotomies lessened. This trend toward deinstitutionalization continues today. Concurrent with this increasing number of defendants returned to the community grew the ever-increasing need to provide alternative facilities and programs within each community to treat these mentally ill defendants.

What this evolution did not account for, however, was community resistance and government's failure to provide these hospital alternatives within communities.

With this background in mind, we then focused on the process by which the 100 mentally ill defendants we studied were released to the community. There are two principle categories of mentally ill defendants:

- (1) A defendant who was initially determined to be incompetent to stand trial and hospitalized, and
- (2) A defendant who has been determined to be not guilty by reason of insanity and then hospitalized.

When hospital authorities determine the defendant is stabilized, he is returned to Court for ultimate disposition. In cases of a defendant in category one, if the Court determines the defendant is competent, the defendant is usually sentenced or his case is set for trial. If convicted either by trial or plea of guilty, the Court sentences the defendant.

In the case of a defendant in category two, if the Court determines he is no longer dangerous to himself or others the Judge may release the defendant to the community, by an order conditioning his release on compliance with an aftercare plan.

As noted previously not everyone returned to Court is released to the community. Some go to jail or prison; others are rehospitalized.

Of the 100 defendants we studied who were released to the community (including residential programs in the community), we found the following:

76 defendants were placed on probation
7 defendants were given conditional release
17 defendants received a variety of dispositions
(Five were given Credit Time Served, three were placed in non-mental health programs, three were sentenced to 60 days in jail and then released to the community, three cases were nolle prossed, two were released with no conditions and one was released to immigration.)

Of the 100 defendants, 82 had aftercare plans which included mental health treatment ordered by the Court. This treatment occurred primarily at the Jackson Memorial Hospital

Forensic Out-Patient Clinic (48 percent of the cases involved) and the Community Mental Health Centers (34 percent). The designated place for aftercare treatment for all the 82 defendants was as follows:

	<u>Number</u>	<u>Percentages</u>
Jackson Memorial Forensic Out Patient	39	48%
Out of Florida	8	10%
Henderson Clinic, Ft. Lauderdale	3	4%
Alcohol/Drug Program	2	2%
Community Mental Health Centers	28	34%
Private Doctor	<u>2</u>	<u>2%</u>
	82	100%

The treatment at these sites generally included a visit to these centers once a month for the prescribed psychotropic medication and individual or group therapy. Every expert we heard from generally agreed that this treatment was not adequate for the great majority of the 100 defendants we studied.

Most experts agreed that more structured residential and out-patient programs providing intense day to day supervision for the mentally ill defendant are necessary to insure a successful transition to the community. Those unfamiliar with mental illness believe that individuals can be "cured". In reality, most mentally ill defendants need long-term structured care and supervision to avoid potential relapses. The lack of structured care and programming is best exemplified by the too few of our sample who were placed in a structured program.

Residential programs provide a stable living environment with 24-hour supervision of medication and other therapy. They also provide vocational, educational, and recreational

opportunities to assist the defendant in becoming productive in the community. Defendants can work or attend school. Residential programs are an important first step in transition from the State hospital. They can also serve as a haven for defendants who show early signs of decompensation. Early referral and placement in a community based residential program could help avoid rearrest and eventual recommitment to the State hospital.

Out-patient programs provide less supervision for, as the term indicates, a defendant lives at one location and travels to another for supervision during the day. Out-patient programs should ideally offer participation in daily activities that include educational, vocational and recreational opportunities, group work and socialization skills.

In 1983, Passageway Inc. provided both residential and out-patient programs devoted exclusively to the mentally ill defendant. It had the capacity to house 25 clients and provide out-patient services to 60 clients. Many of the clients who were released to the Passageway residential program graduated to its out-patient program. Even this capacity was pitifully small when compared to the 100-200 defendants being released annually.

The report of the Human Services Institute, Inc., prepared for the Dade-Monroe Mental Health Board in 1983, compared defendants who were Passageway residential clients to a group who were receiving treatment at the local centers. They tracked 40 clients who had been in this program, some dating as early as 1980 through early 1983. They found that 80% or 32 of these clients had avoided any rearrest and 79% were free of rehospitalization. Of the control group 64% were rearrested and 70% were rehospitalized.

The study concluded the following:

1. Post release arrest and rehospitalization was significantly greater for the defendants who were not part of a closely supervised structured residential program.
2. The mentally ill defendant succeeds in a highly supervised and structured program that offers intense daily involvement with activities to develop skills for autonomous adult living.
3. That the cost of providing a highly structured residential program is thirty percent less than the repeated costs of incarceration and forensic hospitalization.

Today, however, the Passageway capability is drastically diminished. Although state funded, local zoning laws have prevented Passageway from locating a site in the community to continue its program. Despite a Herald editorial plea 'Find Passageway a Home', the program has been bounced around from boarding home to boarding home. As a result its bedspace is reduced to 17, its out-patient program is closed and its future is dismal.

Other than the Jackson Memorial Hospital Forensic Out-Patient Clinic (which exclusively treats mentally ill defendants), there are only seven community mental health centers located in Dade County. Each center treats approximately 3,000 civilly mentally ill clients per year. They are not designed nor equipped to handle all the needs of the mentally ill defendant. Therefore, other than providing medication maintenance and occasional therapy they have no specifically designed out-patient or residential programs for these defendants. A few of these centers do offer daily work groups for their clientele which may be made available to the mentally ill defendant.

Only two of these centers have a residential component. But availability is limited to two or three beds each month. Obviously, this is woefully inadequate for the number of individuals released into the community each year. In order to provide useful services for the mentally ill defendants, the centers need greater resources and funding.

Once we had analyzed the various types of placements into programs and treatment, we reviewed what had transpired with these 100 defendants in the last twenty months. In attempting to draw an overall picture of whether or not these defendants had failed or succeeded in the community, we analyzed how many had been rearrested and rehospitalized. Most experts accept this as the general standard of success. Although some experts would argue that rehospitalization does not necessarily equate with failure and that intermittent hospitalization is a fact of life for many mentally ill, they agree that the lack thereof does equate to success. We determined that so far as is known in Dade County:

- (1) 14 were rehospitalized without rearrest;
- (2) 22 were rearrested without rehospitalization and
- (3) 34 were rearrested and rehospitalized.

Of the 100 sample defendants, 70 were rearrested or rehospitalized within 20-24 months of their release. This figure demonstrates so very clearly the "revolving door" of our mental hospitals and jails. We must take action to break this vicious cycle of rearrest and rehospitalization.

We were unable to draw any clear conclusions regarding the effectiveness of programs to limit the rate of success because the number of defendants which completed their ordered programs was too small. However, all the experts agree that programs providing daily supervision, particularly residential programs, provide an early-warning system that can detect

decompensation of the mentally ill person. This function coupled with effective Court action enforcing treatment and rehospitalization are the best means of avoiding the commission of a new crime. Under the present mental health care system, 69 felony charges have been filed in Dade County against our sample population since their release. Serious charges of sex related crime, robbery, felony violence and weapons charges accounted for 32% or 22 of this total.

We also attempted to determine the present location and status of the 100 defendants we studied. The results were as follows:

<u>Present Location Status</u>	<u>Number</u>	<u>Percentage</u>
Residential Program	5	5%
With Family	14	14%
In Forensic Hospital	12	12%
Civilly Committed to State Hospital	4	4%
Jail	10	10%
Boarding Home Resident	9	9%
Lives Alone	6	6%
Unlocatable	21	21%
Left Florida	17	17%
Dead (Murdered)	2	2%
	<u>100</u>	<u>100%</u>

We were alarmed by the fact that 21 of the original 100 defendants could not now be located. Their addresses were either of past residences or non-existent. The mental health clinics had lost track of them. Their families knew they were around but had either been unable to contact them or had no wish to contact them. Eighty-six percent of the unlocatables had been rearrested or rehospitalized since their release into the community. Many had numerous rearrests and one individual had been rearrested 17 times for charges which included two counts of aggravated assault, assault, two counts of grand theft and carrying a concealed weapon. It appeared that the safeguards intended to insure the continued treatment for these individuals totally broke down.

Approximately 54 percent of our population were receiving Social Security Disability as their primary or secondary source of income. Income from employment was the primary source of income for only 21 percent of our study. Sixty percent of the defendants we studied had only a history of unskilled employment.

In final analysis there are some conclusions that can be drawn to identify those who are the most likely to succeed and those most likely to fail. It appears those in programs are more likely to succeed. Females have a higher chance of success (35 percent versus 28 percent for males). High school graduates and students with some college education are more likely to succeed. Those employed or previously employed and having an income of \$500 or more are more likely to succeed. Although this picture is not surprising, it generally confirms that not unlike other defendants if one is poor, male, uneducated and unskilled, one is a prime candidate for rearrest. The added burden of mental illness only diminishes the likelihood of successful transition into the community.

CONCLUSIONS AND RECOMMENDATIONS

The mentally ill defendant is one who is ill, disenfranchised, isolated, vulnerable and fragile. Our procedures in Dade County are inadequate to provide the supervision and treatment these defendants need when they are released from jails and hospitals.

We believe that with proper, relatively inexpensive supervision, treatment, education and job placement, a larger number of these individuals would have a real chance for success. The cost of such programs would be far less than the cost now incurred in continually rearresting and rehospitalizing these defendants.

In this light, we make the following recommendations:

1. A residential treatment facility, similar to the Passageway program, should be established adjacent to the new South Florida Evaluation and Treatment Center. This facility should be a minimum security facility with twenty-four hour supervision which would permit residents to leave the premises daily for work and educational opportunities when appropriate. This facility would provide a transition site for those mentally ill defendants requiring a very gradual reintegration into the community. It could also serve as a haven for those persons in danger of decompensating in the community who need the temporary security of a residential facility to restore their confidence or enforce their treatment.

2. An out-patient treatment facility should be established in conjunction with this residential program which would provide full day treatment services.

3. Similar residential and out-patient facilities should be established in each of the seven catchment areas in Dade County.

4. Treatment programs, vocational and educational programs, and job placement programs should be available at or in relation to all such facilities.

5. Specific agencies should be formally identified by the State as the entity responsible for monitoring and supervising mentally ill defendants released to the community and the State should fully fund a program by which designated mental health officers keep track of those mentally ill defendants who reside in the community. Regular home visits and proper follow up would save public funds spent in rearresting and institutionalizing these defendants.

6. A procedure identifying previously determined incompetent to stand trial defendants, needs to be established. This procedure should insure that all information regarding previous mental incompetency is made available to court personnel immediately upon entry into the criminal justice system.

We think there are two main reasons why these programs and facilities have not been provided:

- 1) The unwillingness of government officials to spend the money, and
- 2) The unwillingness of citizens to have such mental health facilities in their neighborhoods.

Jail, prisons and state hospitals cost the public a great deal more than mental health officers and community facilities. Implementation of the foregoing recommendations would cost government and consequently the taxpayer less in the long run.

With respect to the second concern, the public and government officials must understand that mentally ill defendants are now being released into our community and our neighborhoods without any supervision or controls. We do not even know the whereabouts of many. An informed public will recognize that it is far safer and more reasonable to provide programs and facilities within the community to monitor and control these mentally ill people than to permit them to wander aimlessly and unsupervised on our streets.

We call upon the County Commission and the Governor through the Department of Health and Rehabilitative Services to take the lead in funding and locating the programs and facilities in Dade County and as needed throughout the State. More importantly, we call upon them to let citizens know how important it is that these facilities be located in the community, both for their safety and to insure sensible use of public monies.

DADE COUNTY MASS TRANSIT SYSTEM

"WHERE IS IT GOING?"

Issues relating to the Metrorail and Metrobus systems were brought to our attention during our Term.

Due to our work on the mentally ill defendant, we were not able to undertake a meaningful or conclusive assessment of complaints regarding the quality of service and efficiency of our mass transit systems. We do, however, feel an assessment of services and an examination of the impact of Metrorail on the overall availability of busses is warranted.

It is reported that in 1984 over 64 million passengers rode Metro busses. Obviously, the quality and quantity of service is of great concern. Yet, we have noted during our Term, as have previous Grand Juries, numerous complaints regarding frequent bus breakdowns, frequent air conditioning failures, dirty busses and interminable waits. Future plans to reduce routes generally by 30% and increase the feeder routing system to the Metrorail will impact on the overall service provided.

In the near future the Metro Commission, which is ultimately responsible for the Metro Transit Authority, will consider changes that will affect the future quality and quantity of services to this community. We urge that subsequent Grand Juries continue to monitor this vital public service.

INCREASE IN PER DIEM AND NUMBER OF GRAND JURORS

We find that the present number of Grand Jurors selected and their present rate of compensation are inadequate. As our Term ends shortly, we can speak objectively as we will not benefit from either an increase in the number of Grand Jurors or an increase in the per diem.

Despite the numerous pleas from previous Grand Juries urging these changes, no action has been taken. That this Grand Jury echoes its predecessors serves as confirmation of the need for immediate change. We as Grand Jurors willingly accept the responsibilities of our service. Many Grand Jurors serve, however, at the risk of compromising financial and employment stability.

We urge the Legislature do the following:

- (1) Increase the number of Grand Jurors selected from 18 to 21 Jurors, and
- (2) Increase the per diem ratio of reimbursement from ten dollars to thirty dollars.

This Grand Jury echoes the sentiments and observations made by our predecessors:

The Spring Term 1978 Grand Jury, in its Final Report, stated the following:

Past Grand Juries have regularly called attention to the blatant inadequacy of the ten dollars per day reimbursement permitted Jurors by Florida Law. That this Grand Jury echoes its predecessors will come as no surprise. Yet we make our own appeal in the unprecedented context of our role as Dade County's first non-blue ribbon panel.

In the past, the members of the blue ribbon panels undoubtedly possessed greater flexibility in their work and leisure schedules, which more readily permitted time for attention to Grand Jury matters, than will our successors on future randomly selected Grand Juries. Financial incentive for service is not, of course, the sole reason one should serve, nor will it assure diligent Jurors. But adequate compensation, particularly when many Grand Jurors are not paid by their employers for the hours they serve, is essential. It is simply unfair of government to ask its citizens to make responsible decisions having important community impact in complex subject areas, at financial detriment to themselves.

The Fall Term 1978 Grand Jury, in its Final Report, stated the following:

We would also like to recommend that the number of Jurors selected be increased from the current 18 to 21. Unforeseen illness, accidents, and other circumstances take their toll among those selected for Grand Jury duty as it does among the other members of our society. Sometimes we barely reached the required quorum of 15 Jurors in order to call our session to order and process the work before us. Failure to meet the quorum results in unutilized time, delays and changes in plan for attorneys, witnesses, detectives, and all those whose presence is necessary to the work of the Grand Jury. It is estimated that failure to meet a quorum would result in a work loss to at least fifty other people outside of the Grand Jurors themselves.

We strongly urge the Legislature fully consider these observations and take immediate action on our recommendations.

CAPITAL AND OTHER CRIMINAL CASES PRESENTED TO THE GRAND JURY

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JORGE MADRUGA-JIMENEZ and ALBERTO FIDEL SANCHEZ	First Degree Murder Robbery	True Bill
PAUL ANTHONY CRAWFORD	First Degree Murder Robbery Burglary Shooting or Throwing Deadly Missile into Occupied Building or Vehicle Unlawful Possession of Firearm while Engaged in Criminal Offense	True Bill
BOBBY DALE CHEYNE	First Degree Murder	True Bill
BOBBY DALE CHEYNE	First Degree Murder	True Bill
BOBBY DALE CHEYNE	First Degree Murder	True Bill
ALEJANDRO NELSON SIMEON	First Degree Murder	True Bill
REINALDO ARIAS also known as "TATO"	First Degree Murder First Degree Murder Trafficking in Cocaine Conspiracy to Traffic in Cocaine	True Bill
JULIO CESAR RODRIGUEZ	First Degree Murder Aggravated Battery	True Bill
ROBERT JOHN DOYLE	First Degree Murder First Degree Arson Unlawful Possession of a Firearm by a Convicted Felon Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ELIAS RODRIGUEZ	First Degree Murder Attempted First Degree Murder Possession of Firearm during Commission of a Felony	True Bill
LAMAR ORANGE, JR. also known as "JUICE"	First Degree Murder	True Bill
JEFFREY PATRICK DAVIDSON	Armed Burglary First Degree Murder Armed Robbery	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
ARLINGTON BROWN also known as TIMOTHY BROWN also known as "BUTCH"	First Degree Murder Armed Robbery Armed Burglary Possession of Firearm while Engaged in Criminal Offense	True Bill
MATHEW LEE DIXON	First Degree Murder Possession of a Firearm by a Convicted Felon	True Bill
LIONEL SILOT	First Degree Murder	True Bill
JOSE PEON, JR. also known as PEPIN	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ROBERT EDWARD THOMPSON	First Degree Murder Robbery Battery on a Law Enforce- ment Officer Resisting Officer with Violence to his Person	True Bill
PEDRO LUIS MIRANDA also known as EL GORDO	First Degree Murder Possession of Firearm while Engaged in a Criminal Offense Possession of Firearm while Engaged in a Criminal Offense	True Bill
ARMANDO BERNAL	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
JEROME D. TOWNSEND	First Degree Murder Sexual Battery	True Bill
GUILLERMO ALVARADO	First Degree Murder Burglary Possession of Firearm during Criminal Offense	True Bill
BENJAMIN ACERO	First Degree Murder Unlawful Possession of Firearm while Engaged in Criminal Offense	True Bill
NAPOLEON HOWARD	Second Degree Murder	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JESSE RAMIREZ, also known as MARZELO ROMDOM, also known as NORBAY DUQUE GARCIA, also known as JESSID, JULIO DE PARIAS, JULITA DE PARIAS, and HECTOR DE PARIAS	First Degree Murder Kidnapping	True Bill
CHARLES LEROY GRIFFITH	First Degree Murder Aggravated Assault Carrying Concealed Firearm Possession of Firearm in the Commission of a Felony	True Bill
ALFRED FARRINGTON	First Degree Murder Grand Theft - Second Degree	True Bill
LENZO McCLOUD	First Degree Murder Armed Robbery Aggravated Assault Possession of Firearm by Convicted Felon	True Bill
CLARANCE WILLIAMS	First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense Unlawful Possession of a Firearm by a Convicted Felon	True Bill
BETTY RUTH EVERS	First Degree Murder	True Bill
SERGIO EFREN AMADOR	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
LEONEL RIOS	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ANTHONY CINOTTI	First Degree Murder Attempted Robbery Armed Burglary Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
MARTHA C. IZADI	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JOSE FUNES, also known as JOSE FUNE GARCIA, also known as ANGEL GARCIA, also known as HUMBERTO GONZALEZ, also known as JOSE FUNES GARCIA, also known as JOSE FUNES-GARCIA also known as JOSE GARCIA, also known as FRANK ROBINSON	First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
EUGENIO DE LA CRUZ and JUAN DE LA CRUZ	First Degree Murder Possession of a Firearm in the Commission of a Criminal Offense	True Bill
BELKIS GOMEZ	Aggravated Battery	True Bill
JAY J. HAYWARD	First Degree Murder Attempted First Degree Murder Armed Robbery Trafficking in Cannabis Use of a Firearm in the Commission of a Felony	True Bill
ALEXIS CABRERA	First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
TIMOTHY TYRONE GRIFFIN	First Degree Murder Attempted Armed Robbery Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
EDWARD SMITH	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
TERRY MATTHEW WEST	First Degree Murder First Degree Murder Attempted First Degree Murder Carrying a Concealed Firearm	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
HILARIO ANDRADES, also known as JOSE LUCIO BONILLA	First Degree Murder Unlawful Possession of Firearm while Engaged in Criminal Offense	True Bill
HELIODORO ALFONSO-GONZALEZ	First Degree Murder	True Bill
CARLOS VANEGAS	First Degree Murder Grand Theft Possession of a Weapon during the Commission of a Criminal Offense	True Bill
ROBERTO BAQUET	First Degree Murder Aggravated Battery Possession of Firearm in a Criminal Offense	True Bill
ROBERT SAMUEL YOUNG, KATHLEEN KUNZIG, also known as PATRICIA L. CLARKE and DOUGLAS ALLEN HUDSON	I. First Degree Murder ("A" Defendant) II. Unlawful Possession of a Firearm while Engaged in a Criminal Offense ("A" Defendant) III. Aggravated Assault ("B" Defendant) IV. Unlawful Possession of a Firearm while Engaged in a Criminal Offense ("B" Defendant) V. Accessory After the Fact ("C" Defendant)	True Bill
MARION BROWN, also known as ERIC DONNELL MIKE	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
JOSE RAMON ENRIQUEZ, also known as JOSE RAMON ENRIQUEZ-RODRIGUEZ, and DAVID CABRERIZA	First Degree Murder Armed Robbery Armed Burglary	True Bill
CARLOS CAMACHO and HECTOR SANCHEZ	First Degree Murder Conspiracy to Commit First Degree Murder Robbery Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
WILLIE LEE HARPER, ROWLAND TUCKER, LARRY MILLER	I. First Degree Murder II. Burglary III. Robbery IV. Robbery V. Robbery VI. Possession of a Firearm During the Commission of a Felony ("B" Def.) VII. Possession of a Firearm During the Commission of a Felony ("C" Def.) VIII. Possession of a Firearm by a Convicted Felon ("B" Def.)	True Bill
PEDRO GONZALEZ	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
ALEXIS RAMOS	First Degree Murder Burglary	True Bill
JOSEPH GEORGE WHITE	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
JOSE ALFONSO, also known as "PEPE", and JAVIER CODECIDO	First Degree Murder Burglary Shooting into an Occupied Dwelling	True Bill
MARGARET ELKIN	First Degree Murder Solicitation to Commit First Degree Murder	True Bill
JOSE MANUEL SANCHEZ, also known as "JOE", SAMUEL RIVERA, also known as "TONY", and HENRY GODINEZ	I. First Degree Murder II. Armed Robbery III. Conspiracy to Traffic in Cocaine IV. Unlawful Possession of a Firearm while Engaged in a Criminal Offense V. Kidnapping VI. Kidnapping	True Bill
JULIO ANTONIO MESA	First Degree Murder Robbery	True Bill
JOSE ANTONIO NEGRON	First Degree Murder	True Bill
KAREN TRUESDELL	First Degree Murder Robbery	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
ENRIQUE FERNANDEZ, and HENRY GARCIA also known as DAVID GARCIA also known as ENRIQUE JUAREZ	First Degree Murder First Degree Murder Sexual Battery Armed Burglary	True Bill
NOEL REID	First Degree Murder First Degree Murder Trafficking in Cocaine Conspiracy to Traffic in Cocaine	True Bill
SAMUEL RIVERA, also known as "TONY EL ENFERMO"	First Degree Murder Armed Robbery Use of Firearm in the Commission of a Felony	True Bill
LUIS GARCIA BLANCO	First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Act	True Bill
ALTON MOORE	First Degree Murder Armed Burglary Possession of a Weapon while Engaged in a Criminal Offense	True Bill
LOVIE SHORTER and WILLIE SHORTER	First Degree Murder Shooting into an Occupied Dwelling Possession of a Firearm while Engaged in a Criminal Offense	True Bill
LUIS FRANCISCO ANDRADE- CHAVEZ, also known as "VICTORINO"	First Degree Murder	True Bill
RICARDO QUEVEDO	First Degree Murder First Degree Murder Unlawful Possession of a Firearm while Engaged in a Criminal Offense	True Bill
JOSE ANTONIO MULET and JOAQUIN REVILLA	Kidnapping Kidnapping First Degree Murder Attempted First Degree Murder Unlawful Possession of a Firearm while Engaged in Criminal Offense	True Bill

ACKNOWLEDGMENTS

On the morning of May 14, 1985, we were chosen to serve as Dade County Grand Jurors for the 1985 Spring Term. We would like to express our thanks to His Honor Herbert Klein and State Attorney Janet Reno. We are especially grateful to the many dedicated individuals who helped us carry out this awesome responsibility; specifically, Kathy Rundle, Chief Assistant State Attorney, whose dedication and capable assistance greatly simplified our work, Madeline Camp, our Administrative Assistant, for her efficient and professional handling of an enormous volume of work, and our Bailiffs Rob Koeppel and Oliver Langstadt for always looking after our needs.

During our Term we heard numerous capital crime cases. We acknowledge the professionalism of all the Police Departments, including Metro-Dade, City of Miami, Hialeah and Miami Beach in the performance of their duties.

Our Final Report would not have been possible without the work of many persons, many of whom we acknowledged in the Report itself. We also wish to thank Edward Griffith, legal assistant with the State Attorney's Office, for his able assistance with our Mental Health Report.

Respectfully submitted,


Richard T. Grace, Foreperson
Dade County Grand Jury
Spring Term 1985

ATTEST:


Bettye Pearson
Clerk

Dated: November 12, 1985