

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

SPRING TERM A.D. 1988

FINAL REPORT OF THE GRAND JURY

FILED

NOVEMBER 16, 1988

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### HELP THE HOMELESS

The problem of homelessness, both locally and nationally, provoked a deep concern among us. Beyond the very obvious needs of the homeless, too many questions remain unanswered. Estimates of the nationwide number of homeless vary dramatically and remain a center of controversy. Presently, experts have stated that there are between 400,000 and 4,000,000 homeless in America today. Some expect the numbers to grow at an annual rate of 25 percent. Recent studies appear to indicate that the faces of the homeless have changed. Today, families and children increasingly represent the new homeless.

The traditional stereotypes of the homeless as the older male alcoholic, the deinstitutionalized ex-mental patient and the "bag lady" fade in the light of our present social and economic trends. The 1987 United States Conference of Mayors surveyed 26 cities nationally and reported that "In 71 percent of the cities, families comprise the largest group for whom emergency shelter and other needed services are particularly lacking." Just as troubling is the National Academy of Sciences' report that over 50 percent of the homeless children are under the age of five. The same report further states that as many as 33 percent of these children may suffer chronic illnesses as a result of their deplorable existence.

Various surveys indicate that approximately 4,000 to 10,000 homeless persons live in Dade County. While a local stereotype often views these people as transients, as many as 80 percent of the homeless have considered themselves Dade County residents. There are only 400 beds available countywide for this large number of homeless. These beds are primarily provided by nonprofit organizations such as Camillus House, the Missionaries of Charity, Salvation Army and Miami Rescue Mission. No city or county funded shelters exist in Dade County. Additionally, these scant resources have been unable to fully address the new problems posed by homeless families and children. Across the

nation, local governments have responded by developing innovative programs and by devoting monies towards alleviating homelessness. The problems of the 1980's homeless require more than simple shelter. A wide range of services are needed requiring state, county and city government to do their share.

For the first time in this decade, the plight of Dade County's homeless has received a meaningful infusion of hope. The federal government has allocated at least \$2.7 million to expand shelters and services. We applaud the existing programs for all of their past services and their willingness to renovate and revamp services for the growing needs of families and women and children. For instance, Christian Community Service will be the first Dade shelter to provide rooms for 20 families. Camillus House will soon shelter women and expand its greatly needed health clinic, the only one of its kind south of Birmingham, Alabama. Miami Rescue Mission is preparing a shelter that will provide 40 beds for women and children. A new center for women will open providing training for women during the day while caring for their children.

While these initial steps are helpful, they represent only a start. The public and private sectors must work together toward eliminating the causes of homelessness and redirecting the homeless back into the mainstream of this community. In the short-term, it requires the provision of shelter, food and medical services. In the long term, it requires a commitment to provide adequate transitional housing for those who have lost their homes and financial aid to those in crisis who may be in danger of losing their homes. Programs providing day care for children, job training and placement need to be established. Future planning of services for the homeless must also include drug treatment and counseling as an important component.

There are no easy solutions to the complex problem of homelessness. A new sense of cooperation between the private and

public sectors provides encouragement for the future. The Miami Coalition for the Care of the Homeless believes that these new federal monies will stimulate discussion and planning for tangible services by private, civic and government agencies. The City of Miami's Community Development staff and Dade County's Community Relations Board are presently undertaking the development of a five year plan to assist the homeless. The City of Miami and Dade County recently displayed their ability to work together in addressing the recent wave of homeless Nicaraguans.

There is a great need to provide one central intake facility where shelter, health care and related services would be provided to the homeless or those in a crisis which could lead to homelessness. Preventive measures and professional services need to be implemented to reach those who are about to become evicted, foreclosed upon or jobless and, therefore, risk homelessness. We urge our successors to pursue the problem of the homeless and monitor the progress in this area.

## A CRY FOR SUBSTANCE ABUSE TREATMENT

### I. INTRODUCTION

We each came to our Grand Jury service with independent experiences of how substance abuse had impacted our families or friends. We are average people from diverse socioeconomic backgrounds, yet each of us has been touched in one form or another by the scourge of drugs. Nearly 70 percent of the capital cases we heard were drug related. Drugs had caused parents to kill their children. We heard cases where innocent children were slain in drug-related shoot-outs. Individually and collectively, we are fed up with what drugs have done to our community and the inadequate response by our public and private sectors. We heard from the police, representatives from the courts, jails, prisons, researchers and treatment professionals. The day we heard from addicts and families of addicts will remain vivid to each of us forever. Our hearts wrenched as these witnesses related their hellish lives. Their tears, their despair and hopelessness were shared by all of us.

**"He goes through a pair of tennis shoes a week because he roams the streets for days looking for money and drugs."**

The Smith Family - The 69 year old mother described the horror of her recent life. The youngest of three children had gone from a 6'4", 220 pound, journeyman electrician to a 160 pound crack addict with rotted teeth and an interest only in crack cocaine. His actions have made the family prisoners. "He has stolen our radios, television, VCR's, bicycles, car batteries, clothes and luggage for his crack. We are hostages in our own home. Each of the...bedroom doors have padlocks on them to keep him out.... When his father, a veteran policeman..., died he (the son) sold his father's \$400 ring for \$20 to purchase crack." The family has borne both the burden and the shame of the son's addiction." He roams the streets of our neighborhood, our home for the last 30 years, begging (for money)...for his crack. He even begged our mailman for \$10.... I've spent every penny I have on him. I live on social security and he drained me of everything so that one month I didn't have money for the electric bill. He has fraudulently used my credit cards and checks which I have had to repay. When he was shot in a drug rip-off, I spent \$400 for the medical bills." The family has tried to get assistance and failed. "He's tried to get some treatment, but it's too expensive.

Once he got in but didn't stay more than 30 or 40 days. We can't afford to pay for (long term residential treatment) and neither can he. We tried the police. We tried involuntary commitment. We tried the criminal justice system. Nothing has worked. We have nowhere to turn to, no one to talk to." Forced incarceration seems to offer the only glimmer of hope. "He (the son) says that he would have to be locked up in order to get treatment. It's true. I want my son to go to prison."

**"I love my son still, I think, but please put him in prison for at least one year...before he kills himself or someone else.... I beg you, please save my son."**

The Gonzalez Family - The 55 year old mother recalled the family's arrival from Cuba in 1968 as "...the happiest day of our life. We thanked God for bringing us to this great country." But by the time her son was 17, he started snorting cocaine. Then he began using crack. Now, "this devil has been in and out of my home...." The family has sought treatment for the boy. They put him in a hospital treatment program. The \$23,000 bill was covered by their insurance. When the insurance coverage ran out he was released. The day he was released he purchased cocaine. As the mother stated, "He (the son) robbed us, threatened us. He'd steal everything I owned, shoes, suits, a toaster, the microwave, the VCR, even our cars. His 84 year old grandmother...became a victim of his abuse and thievery." The family has attempted to protect themselves from the son. "We're in jail in our house. There are padlocks and bars everywhere to try to keep him out." They have even had to "...abandon our homes and sleep on couches with friends and relatives for protection...We've tried everything we could think of, the police, involuntary commitment but no one will listen to us or help us. When he was finally arrested, I felt relieved that the justice system would help us. I was wrong. He was released after 60 days in the stockade treatment program. He said he got drugs there. When he was released, he threatened us.... He's become an animal."

**"Dear God, please don't let me become a rock monster!"**

Mr. Jones - He is a 39 year old crack addict. He has lost his wife and three children as well as his skill as a carpenter, due to his crack addiction. "I am ashamed and scared. I need help. I want help. Last week I tried six different public treatment programs, but no one could take me 'cause of space. Finally, one program said they would if I gave them \$100. But I don't have \$100. I have nothing. Even my friends and family have turned their backs on me...when I really need them. I live near NW 17th Avenue and 69th Street, and there are drugs everywhere. I've got to get out of here; go away...before I start stealing and hurting for my crack."

Two years ago, the Spring Term Grand Jury produced a comprehensive and insightful report on the impact of drugs and alcohol on this community. Many of that Grand Jury's observations, findings and recommendations were accurate and still hold true today. The report requested that subsequent



Grand Juries follow up on its work. We have done so, but not out of a feeling of obligation, rather, out of a sense of urgent despair and anger.

Despite today's greater awareness of the drug epidemic, the generally slow paced response frustrates us. Well-intended government agencies and community groups have studied, assessed, reassessed, analyzed and proposed efforts to resolve the drug problem. However, while five-year plans and long-term goals are being formed, the emergency has continued to escalate its destruction upon us all. More families have disintegrated. More homelessness has occurred and a new generation of cocaine afflicted children has been born. More substance abusers have developed multi-drug addictions, compounding their problems. Lengthy treatment program waiting lists remain as long as ever. Jail and prison overcrowding, stimulated by drug crimes, has increased to such an extent that prisoners virtually prepare for release upon arrival.

Some positive steps have been taken, many of which were urged by our predecessors. We applaud these efforts and recognize the long-term value of assessing and planning. But we are concerned that perhaps too much planning has overshadowed the urgency of the crisis. We need less talk and more immediate action. In this report, we focus on the areas of the greatest urgency and those demanding immediate action. Clearly, the number one concern must be the provision of effective, affordable treatment to all who need it.

## **II. CENTRALIZED INTAKE, ASSESSMENT AND REFERRAL**

This community urgently needs a centralized system of intake, assessment and referral to services on a case management basis. Two years ago, our predecessors stressed that "This community severely lacks a centralized identification, evaluation and referral resource that is available 24 hours a day, 365 days a year providing adequate detoxification and overnight

facilities. The result is a public which is lost when drug abuse strikes. Drug abusers and family members are referred from one telephone number to another." They urged Dade County to create such a centralized intake center. That Grand Jury also recommended the implementation of a campaign informing the public, schools, police, community based treatment programs and advocacy groups of the center's existence.

Unfortunately, this has not occurred. The families and abusers we interviewed stressed the frustration and desperation of not knowing where to go when the crisis of drug abuse was at its worst. Instead, individuals sought help from a variety of inappropriate places, such as Jackson Memorial Hospital's (JMH) Crisis Center, the police, school counselors, local health and mental health centers and local hospital emergency rooms. An abuser who has taken that first difficult step towards treatment should not be told to wait, turned away or put on "hold".

Families and relatives need intervention and answers. They are confused as to the appropriate steps available. Questions usually go unanswered regarding eviction, restraining orders, involuntary commitments, availability and appropriateness of residential and out-patient programs, the costs involved and program locations. Families and relatives are too often the forgotten victims of drug abuse. Abusers and addicts have robbed, physically threatened or beaten, economically depleted and in some cases killed family members. Wives, children, parents, grandparents and siblings are truly victims of a relative's substance abuse. To ignore them is immoral.

Although Dade County's Office of Rehabilitative Services (DCORS) operates a detoxification facility, it is inadequate. The facility was originally designed and primarily operates as a nursing home for the elderly. It does not have anywhere near the necessary number of beds and the public is unaware of its existence. Neither the police nor

family members can take a person there against his will. It is not a secure facility and cannot detain persons who may be experiencing a crazed state of drug affliction. It does not have the capability of assessing quickly the existence or non-existence of treatment services available county-wide. It must manually check for detoxification and treatment availability in other facilities and can only do so during working hours on week-days.

Switchboard of Miami originated as a suicide "hot-line" manned by community volunteers. In the last several years they have evolved to handling large numbers of drug-related calls for assistance. Despite their valiant efforts, they are not adequately funded and staffed to perform the job required. Additionally, Switchboard of Miami is not widely regarded as a "drug hot-line".

Both the county detoxification facility, which is discussed further in this report, and Switchboard of Miami provide potential building blocks upon which to develop a centralized intake center. We need a centralized intake facility that is staffed around the clock with qualified professionals who can adequately assess the needs of the abuser taking into consideration such factors as: the family's history and circumstances; the individual's and the family's financial capability; employability or employment status; previous treatment history and criminal history.

The center needs to provide adequate overnight facilities, staffed by counselors and health care workers. Sophisticated computer capability would be required to perform data collection, assess community-wide availability of treatment and network with the community's full range of available services. Our local governments, Florida's Department of Health and Rehabilitative Services (HRS) and the private sector should immediately implement such a program and quickly provide

associated satellites throughout the county.

A. Involuntary Commitments

Florida law provides a mechanism for families who seek forced evaluations and treatment for a relative who has lost self control or is abusive to himself or others due substance abuse and who is unwilling to seek treatment on their own. The procedure outlined in the Florida Statute 397 for involuntary commitment is slow, cumbersome and ultimately ineffective and inadequate. This is due to some of the innate defects of the statute and the lack of sufficient support facilities to properly handle such cases.

Rather than providing assistance, the existing statute places further demands on those who have already been victimized by drug addicted behavior of their loved one. Florida Statute 397 fails to provide for involuntary detention for a medical as well as a drug abuse evaluation. If an individual appears incapacitated, irrational, lacks self-control or appears in need of medical services and this behavior appears drug related he may not be taken into protective custody against his will. Whereas if the same behavior is alcohol related or due to mental illness he may be involuntarily detained for evaluation. Instead, a family member must petition the court for a hearing and have the relative served with the petition, if he can be found. If he refuses or becomes enraged, there is no police involvement unless violence occurs. This commitment process takes a minimum of 10 days. Meanwhile, the individual has most likely deteriorated and the family violence, or risk of retaliation, has escalated.

One can only apply for petitions of involuntary commitments on weekdays during working hours. Witnesses described the long waiting lines and their resulting frustration with the entire petition process. After completing the arduous process of obtaining court ordered residential treatment, one

must find such treatment. With nearly 1,200 of these actions filed annually, clearly there is insufficient treatment available. According to representatives from the courts the entire process is thwarted due to a lack of treatment and the lack of a secure facility to maintain them until treatment becomes available. It presently can take two weeks to a month to obtain community-based residential treatment even if court ordered. The Stockade represents the only available secure facility which can treat this population. Presently, approximately 10 civilly committed persons reside in this facility. Unfortunately they must reside and receive treatment with the other 70 persons who are convicted offenders sentenced to jail time. The Court is unable to order treatment for more than 60 days without an additional hearing. Even upon the subsequent rehearing on treatment needs the court lacks the authority to order treatment past 6 months. After the 60 day treatment period the individual is released without any aftercare services.

Annually there are approximately 500 petitions for alcohol-related problems and 1200 for drug-related problems. Statutory and licensing distinctions have resulted in service providers traditionally not treating multi-addicted persons. For instance, alcohol treatment facilities do not admit cocaine abusers and vice versa, though most abusers suffer from multi-substance abuse.

Witnesses have clearly addressed the fears they have experienced while attempting to gain assistance through the involuntary commitment process. The people working in this system are caring, well-intentioned individuals who attempt to function with a lack of treatment resources, a lack of treatment facilities and a glaringly inadequate statutory guideline which can create as much concern for those attempting to use the

process as it seeks to resolve. This must change. We should not need to make the drug addict's family a victim of crime before we offer effective intervention. The involuntary commitment process needs to be streamlined. It should merge with the functions of a community-wide centralized intake center providing secure overnight facilities for both those who voluntarily and involuntarily seek evaluation and treatment. Florida Statute 396 and 397 should be merged into one substance abuse chapter with the powers outlined in the alcohol statute available for drug abuse treatment. The County and HRS have proposed sound legislative, procedural and facility changes which need immediate implementation.

### **III. TREATMENT, REHABILITATION AND RECOVERY**

#### **A. Community Wide Availability of Affordable and Effective Treatment**

Many of the problems we face as a community today directly relate to the unavailability of affordable treatment. There simply is not enough. Every witness, including police, treatment professionals, addicts and their families, jail and prison officials and government and civic representatives, stressed the desperate need for more accessible treatment in this community. Increases of crime and resulting police demands, jail and prison overcrowding, overburdened court calendars, disintegration of families, unemployability and homelessness are all exacerbated by the lack of treatment in Dade County.

We must have treatment for substance abuse if we are ever to stop the downward spiral momentum of drug abuse and its path of destruction. Treatment works. Thousands of individuals and numerous support groups such as Narcotics and Alcoholics Anonymous can testify to its effectiveness. The National Institute of Justice has for several years advocated directing greater resources toward treatment and intervention. Nationally, greater resources have shifted from law enforcement toward

treatment, recognizing that law enforcement can only solve a portion of the problem. The experts finally agree that comprehensive and professional intervention and treatment provides the greatest hope for reducing and possibly eliminating the present epidemic of substance abuse.

Unfortunately, despite the research and pleas of HRS, and numerous other knowledgeable tacticians in this war against drugs, the Legislature has failed to respond. All the lobbying and pleas for more treatment monies have fallen on the Legislature's deaf ears. In March of 1988, the Research Triangle Institute reported that taking into account inflation and growth of the need for services for alcohol and drug abusers, the legislative funding has actually decreased in the last 8 years. As one witness put it, in Florida \$40 million is spent on mosquito control while the State allocates only \$34 million for alcohol and drug abuse treatment. Last year the Legislature provided funding for only 11 additional treatment beds for Dade County. Pitifully, Dade County has only 250 publicly supported treatment beds. This is unquestionably inadequate for a county with the population of nearly 2 million. It is not surprising that there is over a three month waiting list to get one of these beds.

Undeniably, we need a great deal more of affordable and accessible treatment. As a scarce resource, we must insure that the available treatment is effective. Due to the shortage of available funding and the high cost of residential treatment, new forms of treatment need to be sought and created; for instance, intense all day treatment without the high cost of overnight shelter needs to be attempted on a trial basis.

The profession of substance abuse treatment is relatively young in its development. No standardized measurements of "success" have been developed. Meanwhile crack cocaine addiction continues to perplex the treatment

professionals. It is also recognized that an abuser may require admission into treatment a second and third time in order to remain drug free. The determination of effective techniques and modalities of what constitutes effective treatment remains an urgent necessity. We were informed that 90 percent of the crack abusers who are ordered into out-patient treatment through involuntary commitments fail. Effective treatment for crack cocaine abusers needs to be developed. The treatment professionals should develop follow-up studies to better convince policy makers of the effectiveness of treatment.

We urge HRS, the licensing authority, to continue its research and efforts in developing, standardizing and demanding effective treatment from service providers. Service providers should be held accountable for the efficacy of their programs. Holding them accountable may insure that they provide greater follow-up services to their clients and their families. HRS also needs to continue working with treatment providers to insure that the providers effectiveness does not deteriorate due to the present demand on them. We believe that any intervention and treatment is better than the present system of providing little or none.

We urge our state legislators to increase treatment capacity statewide and to recognize that it will save lives, save families and ultimately reduce the heavy price drug addiction exacts from our society. Innovative funding sources need to be developed and established both at the state and local level. For instance, establishing a Substance Abuse Treatment Fund would allow for a variety of contributions from different sources countywide. Contributions could include monies from law enforcement drug related forfeiture funds, court sanctioned fines for drug and alcohol (such as driving under the influence) related offenses, United Way and private enterprise. This fund could also receive surcharge monies assessed upon occupational licenses and building permits for businesses selling alcoholic



beverages. DCORS suggested that the Legislature mandate that 10 percent of the excise tax on alcoholic beverages be designated for substance abuse treatment. This shifts part of the financial burden for treatment to those who have a potential for becoming abusers. Advocates of this tax believe it will generate approximately \$40 million statewide.

Towards the end of our term the issue of mandating that a percentage of law enforcement forfeiture trust monies derived from drug-related cases be designated for treatment became controversial. Unfortunately, we did not have sufficient time to explore this potential source. Creative funding techniques must be explored by our local and state governments. If we can build exemplary zoos, parks and arenas, we can meet our existing treatment needs. Finally and candidly, we believe the citizens of this community would be willing to be taxed to specifically address this problem. We believe the average citizen recognizes that while treatment may be costly, the failure to treat is much more expensive.

#### B. Criminal Justice Population

##### (i). The Judiciary

All too often the ills and evils of society's failures become the burden of the judiciary. In addition to the responsibility to impose appropriate sanctions upon the conviction of a crime, judges must also determine the future of a substance abusing offender, his family and society as a whole. The sheer number of criminal cases have overwhelmed our judges leaving them with few resources and options available. For instance, in 1987, nearly one third (or 14,000) of all felony cases disposed of were for a primary drug offense. This number of cases represents a 43 percent increase in these types of cases from the previous year. This number is also conservative because it excludes cases where, although drug related, the primary offense was deemed a more serious one, such as those involving

homicides, burglaries and robberies.

Unfortunately, it has come to the point where judges must become trained in the area of substance abuse. The Final Report of the White House Conference for a Drug Free America (June 1988) concluded that, "Judges should use more innovative measures to deal more effectively with first time drug offenders ...so they (offenders) learn that illicit drug use has negative consequences." The report suggests the establishment of special courts to deal with this drug problem and the imposition of restrictive yet rehabilitative treatment. The families who testified all hoped and believed the justice system would solve their desperate situations or as they said, "do justice". Justice to them meant isolating their addicted relatives from the availability of drugs and providing treatment. It also meant protecting them from any further physical and emotional abuse and economic devastation. Every family member and addict who testified wished the courts would and could do more. Instead they became very angered and frustrated by the system.

The consensus from those we interviewed, including the families, indicated surprisingly similar requests of the court system. Ideally, all sentences of incarceration should include treatment and a reasonable period of probation for adequate follow-up to insure that an offender remains drug free upon release to the community. Presently, many drug offenders receive a sentence giving them credit for time served while awaiting the disposition of their case. This can amount to as little as four days or as much as a few months. Other defendants have received probation without any court ordered treatment.

Prison and jail overcrowding, in the majority of cases, has rendered a judge's sentence meaningless. A judge's sentence no longer means what it says. A three year prison term typically means 12 months of work release, and there is virtually no treatment available to those sentenced to incarceration. So

there is no truth in sentencing and there is no rehabilitation. The results are frightening and the costs are staggering. The Courts should order more substance abuse evaluations and treatment prior to making any such sentences. Ordering treatment as a special condition of a sentence will provide greater assurance that the defendant will receive treatment even if on an out-patient basis.

The State Legislature needs to provide adequate prison capacity to insure that an offender serves his sentenced time. Dade County must also provide adequate jail space for the same reason. Local government, DOC and HRS must also work with our judiciary to insure that treatment is available for offenders ordered to receive it.

(ii). State Prison Population

The State of Florida Department of Corrections (DOC) admits, supervises, temporarily warehouses and releases over 113,000 offenders annually. Approximately 80 percent of these offenders are in one way or another involved in drug use. The majority of DOC's population is comprised of Florida resident males, 29 years old or younger.

Approximately 34,000 offenders are presently sentenced to our state's prisons. Technically, an offender sentenced to one day over 364 days of incarceration becomes the responsibility of DOC. For years, DOC has been plagued with prison overcrowding. Over the last seven years, DOC reports a 128 percent increase in admissions to state prisons. Drugs have been the greatest cause of this increase. In 1987, nearly 55 percent of new prison inmates admitted to narcotic use. Since 1977, they have known that at least 40 percent of the inmates admitted previous narcotic usage. The percentage has continuously climbed to the present level. It appears that DOC has, over the past 10 years, minimized the need to provide substance abuse intervention and treatment. This failure has placed untreated

drug users back onto the streets to continue the cycle of drug abuse and criminal activity.

In 1987, there was a 34 percent increase over 1986 in commitments to state prison. DOC's 1986-87 annual report explains this increase under a section titled, "Rise in Admissions Associated with Drugs and Crime" by stating the, "Increases in crime, especially drug arrests are more closely associated with the rise in new prison commitments." In September 1988, DOC further reported that:

During the 1985-86 Fiscal Year, drug offenders accounted for 16.2 percent of all prison admissions. By September 1988, this figure rose to 30 percent. The rate of growth in drug admissions was thus higher than the overall growth in admissions, 89 percent to 34 percent. Admissions for identifiable cocaine offenses increased more than 400 percent from Fiscal Year 1985-86 to Fiscal Year 1986-87. Admissions for marijuana offenses though small compared to cocaine, represents a 189 percent increase for the same period of time. Clearly, the drug problem as it has impacted prison population is associated with cocaine offenses.

DOC fearfully projects that "If special early release mechanisms are not used, the prison population is projected to increase to 59,927 inmates by the end of Fiscal Year 1991-92, an 83 percent increase from the present level." Since 1986, 72 percent of all new inmates have been sentenced to serve an average of four years of incarceration. DOC has developed several community-release programs, such as work release, as an alternative to incarceration. For instance, the 1987 report boasts of a 34 percent increase of community release over 1986. Not surprisingly, the same figure represents the increase in the number of prison admissions. Prison officials estimate that due to administrative reductions to relieve overcrowding, these prisoners are serving less than 30 percent of their sentences. This includes time spent in community release programs. Most inmates are eligible for work-release within 24 months of their release date. Typically, the average inmate will serve 12 months or less and it will be in a community work-release program.

The vast majority of new inmates in Florida's prisons

are repeat offenders who have previously been supervised by DOC. DOC estimates that approximately 30 percent of the newly incarcerated inmate males have previously been in state prison and 60 percent had previously been under probation supervision. Additionally, under Florida's sentencing guidelines, to have entered the state prison system with a sentence of less than five years typically means that the prisoner is a repeat offender with a great deal of experience in the criminal justice system.

Despite all the drug-related data and its direct impact on the crisis of prison overcrowding, DOC has not significantly addressed substance abuse treatment. In the 1985-86 and 1986-87 annual report's "Messages" and "Goals and Objectives" sections, the respective Secretaries of DOC addressed services, such as food, religious activity, health care and educational instruction. But they failed to address substance abuse treatment for adult inmates. This shocks and deeply troubles us. We can only conclude that DOC lacks a commitment toward breaking the revolving door of drugs and crime. It appears DOC has ignored the impact of drug use on the scarcity of prison beds. We cannot comprehend such actions by a department so important to the community's well-being and safety. Instead, DOC has concentrated on community release programs. They have sent addicts without treatment into a defenseless society. It is not fair to the community; it is not fair to the inmates family; and it is not fair to the inmate. Ultimately, the taxpayer bears the cost when the inmate repeats the vicious cycle of rearrest, retrial, reconviction and reincarceration.

For over 10 years substance abuse treatment has been available in federal and other state correctional systems. For instance, the 12 year "Staying Out" treatment program in New York has proven that the recidivism rate has significantly dropped for those inmates released from that program. DOC admits to a slow response in dealing with this overwhelming problem, but blames

the Legislature's inadequate funding for a lack of needed treatment programs. Finally, encouraged and supported by federal and state monies, DOC this month announced its intention to implement a substance abuse program.

We are encouraged by this apparent change in philosophy. However, the proposal itself concerns us. The numbers of inmates proposed to benefit from the program is miniscule compared to the overall number of inmates in the system. Given the short time served by the majority of inmates, realistic application of DOC's proposed program appears dubious at best. The vast majority of offenders are not inmates long enough. This month DOC reported that the sentences for drug offenders are getting shorter:

The sentence lengths of drug offenders are shorter than the sentence lengths of all other offenders. During the past year, 21 percent were for one year versus 15 percent for all other offenders. The trend is even more toward shorter sentences. During September 1987, 28 percent were for a year.

By this mechanism (administrative gain time) the Department was able to release inmates as rapidly as they arrived in the system. These...issues are significant to the issue of substance abuse treatment in that the result of frequent and liberal applications of administrative gain time has been that inmates with relatively short sentences are entering the system and almost immediately beginning the process for either replacement on work release or outright release.

Realistically, treatment programming will only work if the offender is mandated to do it or tangible and significant incentives are provided. Many substance abusers deny the gravity of their abuse and lack the motivation required to proceed with the arduous task of treatment. The application of intervention and treatment requires a carrot and stick approach. For instance, consider the following typical scenario:

OFFENDER JIMMY is a 29-year-old crack addict. He has been arrested three times in five years for possession of cocaine. The present charge is again for possession of cocaine. The judge sentences him to two years in the state prison. By the time he is transported, processed and placed in state prison, four months have passed. Automatic gain time and discretionary gain time have reduced his sentence by 70 percent or to nine months. He gets credit for the four months prior to his placement leaving him serving a five month term. He is eligible for immediate release or at

the very least to the work release program.

How is DOC going to insure that Jimmy gets adequate and effective intervention to stop the cycle of drugs and rearrests? Jimmy wants to work, and Jimmy wants to be released. How is DOC going to convince him otherwise? How is DOC going to make Jimmy help himself? Ideally, intervention and treatment should be mandatory. At the very least, administrative discretionary gain time and work release should be conditions of treatment and regarded as earned privileges. Placement in desirable facilities, work release programs, and the allocation of discretionary gain time should be privileges earned as incentives, and not granted as a matter of right. Finally, we feel very strongly that those sentenced to incarceration for sale of narcotics should not receive administrative gain time under any circumstances.

DOC needs to propose to the forthcoming Legislature a comprehensive state of the art substance abuse program that is realistic and proven effective. The proposal should provide a comprehensive evaluation of the needs of the various offender populations and realistically take into account the short terms offenders presently serve. DOC recently received \$43 million in construction money to expand its prison space. This presents an ideal opportunity to create effective therapeutic communities within correctional facilities. The implementation of re-entry programs or half-way houses need to also be explored as follow-up of release into the community. The Legislature must adequately fund DOC to implement such programming. The Legislature should focus its attention on the value of drug treatment as a preventative to continued drug abuse, crime and as a means of relieving prison overcrowding. The Legislature should modify DOC's authority to provide administrative gain time for those convicted of sale of narcotics.

(iii). Dade County Jail Population

Approximately 115,000 individuals pass through our local jail system annually. Presently, approximately 5,000 individuals remain in custody at any given time. Eighty percent of those individuals are being held for serious nonbondable offenses, and we are informed that at least 60 percent to 70 percent are drug related. In 1986, our predecessors conducted a random urinalysis study in conjunction with the Dade County Department of Corrections and Rehabilitation. Four hundred and fifty arrestees were tested within 24 hours of arrest. Ninety percent of them had one or more drugs, other than alcohol, in their system. Seventy percent of them had cocaine in their system at the time of their arrest.

Due to jail overcrowding, all those charged with third degree felonies and second degree non violent felonies are automatically released back to the community. In the majority of cases, even if there is an indication of substance abuse, an arrestee is released back into the community without a court ordered evaluation and referral to treatment services. Consequently, as many as 18 percent of those released have failed to reappear for trial and many of the others return to their drug ridden environment. Despite the great numbers of those released and Dade County's addition of 800 beds within the last 5 years, the jail population remains well beyond authorized capacity. As one county jail official said, "Crack (cocaine) is crumbling our criminal justice system and crushing our inmates beyond jail capacity."

Much of our previous discussion with respect to the state providing treatment to its inmates also applies to the county jail population. There is virtually no treatment available in our jail system. Within the county jail system there is only enough treatment space for approximately 130 individuals, and there is a constant waiting list. Generally, 10 of these spaces are utilized for those civilly committed. The



jail system suffers from many of the same problems the prison does. Overcrowding, gain time and a long waiting list only allow individuals to remain in its treatment program up to approximately two months. Clearly, this is inadequate. For example, Ms. Smith's son Eddie was civilly committed to the program and released in five weeks.

The program, run by Dade County's Office of Rehabilitative Services (DCORS), is inadequate primarily due to lack of space and resources. It needs to be expanded and receive an infusion of resources to provide the most effective treatment available. If 90 percent of arrestees are indicating drug usage at time of arrest, then 90 percent of them should be comprehensively assessed and evaluated for potential treatment. We feel very strongly that any offender who indicates a need for treatment should receive it. By this spring, the new jail will create space for 1300 additional inmates. It appears that the physical and operational structure of the new facility lends itself ideally to the establishment of therapeutic communities. The design will allow separation of the offender population into totally independent units thereby potentially assisting treatment activities.

We agree with a jail official who said that Dade County should have established therapeutic communities 10 years ago. Nonetheless, with the opening of the new facility the timing is ideal. Dade County should provide treatment for at least 50 percent of its jail population in each of its facilities. Criteria should be developed to establish the imposition of mandatory treatment. Incentives for offenders to participate in treatment also need to be created.

There has been a jail treatment program in St. Petersburg for several years. It has a track record of proven success and is nationally recognized. We urge Dade County to immediately explore this program and forge ahead in

implementing a treatment program as occupancy of the new facility occurs. At both the new jail and the existing facilities efforts must occur to end the smuggling of narcotics to inmates. Many individuals testified that drugs are readily available in jail. Dade County must do everything in its power to eliminate such a problem.

Dade County also needs to establish re-entry or transitional type programs for those who are released from "behind the wall" treatment. Dade County's Office of Substance Abuse Control office developed a very sound program to accomplish this. It proposes that convicted offenders, upon completion of jail based treatment, receive placement in a halfway house type medium security facility. The offender would continue to receive treatment, be required to remain drug free, begin employment and be gradually phased back into the community. The facility identified as Beckham Hall Annex was ideal. But the proposal has been thwarted by zoning restrictions and the City of Miami's desire to enhance recreational opportunities in the Beckham Hall area.

Again, local government has failed to act upon this community's overwhelming drug problem. Ironically, this effort did not lack funding. Rather, the problem involved finding the appropriate facility with appropriate zoning. It seems to us that government has a lopsided view of its priorities. This community, including the City of Miami, lacks treatment and treatment facilities not recreational facilities. In this situation, establishing a treatment facility in a facility which already houses offenders is logistically, structurally, operationally and morally the right course of action. We understand the City's reluctance to approve additional group facilities within its boundaries, but its concerns do not outweigh the desperate need for them. Local government must take a leadership role in addressing the community-wide drug problem

and work together on providing adequate treatment. If efforts for Beckham Hall fail, then the County should continue to pursue this worthwhile treatment program for offenders.

The AGAPE program for convicted women merits mention. This program, presently designed for 20 women, operates as a re-entry or transition program for those being released from the detention facility back into the community. This private initiative offers support and treatment aimed at interrupting their disfunctional lifestyle and creating a sense of independence and self-reliance. It needs funding and offers a perfect opportunity to treat a desperately needy population.

(iv). Community Supervision

The Florida State Department of Corrections (DOC) is also responsible for those offenders who are in communities under court imposed probation, community control and parole. Statewide, DOC supervises over 80,000 of these offenders; 82 percent of which are on felony probation. In 1986, a survey of probationers found that nearly 25 percent were career criminals. Twenty-nine percent of the probationers have a history of prior felony probation and 54 percent will receive less than two years of supervision. A DOC official testified that 75 percent to 80 percent of these probation cases are drug based or drug related.

Unless the sentencing court imposes a special condition of substance abuse treatment, offenders usually receive none. Until this spring, DOC lacked the authority to require and enforce those supervised to submit to random urinalysis testing. Federal drug related probationers have been required to submit to random urinalysis for over three years. However, while the Legislature gave DOC the authority to require a random urinalysis testing program, they failed to adequately fund it. Only \$50,000 was allocated to provide training and actual testing costs for the approximately 10,000 offenders on community supervision in Dade County. To effectively test this population DOC would need

to perform over 3,000 tests per month.

As of October 3, 1988, approximately 500 probationers, as part of a pilot project, have undergone urinalysis in Dade County. Approximately 45 percent of them have tested positive for drugs. This preliminary data strongly supports the need for random urinalysis while also demonstrating a desperate need for drug treatment. It also demonstrates the need for DOC to have the authority to impose increased sanctions, such as house arrests, if an offender continues to produce drug positive urine.

Probation officers are not trained in substance abuse. Even if they were, the present officer to offender ratio of 1 to 115 on standard probation cases makes it virtually impossible to provide adequate supervision. Early detection, immediate intervention and referral to drug treatment remains critical to the effectiveness of probation for a drug offender. Every offender who is placed on probation for drug related reasons, should be required to receive treatment and remain drug free. DOC needs to work with the judiciary to insure this occurs. We learned of a probation program in Texas that merits exploration by DOC. The Texan program requires that probation officers become drug specialists with caseloads of 40 offenders each. DOC needs to explore, nationally, the existence of effective drug probation programs.

#### C. Women And Children

Among those most devastated by cocaine and other drugs are women and their young and unborn children. Substance abusing mothers take enormous risks and pass these risks onto their infants. Young children will learn to accept substance abuse based on observed behavior at home. The unborn may suffer drug addiction or severe illnesses from the moment of birth. Although substance abuse cuts through racial and economic boundaries, women and children who live in poverty and drug ridden

neighborhoods are more vulnerable. The already existing extremes of economic deprivation, social dislocation and alienation make this population ripe for solace through drugs.

AIDS and seriously afflicted babies are other related ramifications of substance abuse threatening women and children. Women represent over 40 percent of the AIDS intravenous drug abuse cases. One in every 60 babies in New York's hospitals tested HIV positive. The majority of these women having AIDS babies are asymptomatic and unaware that they carry the AIDS virus (HIV). University of Miami Medical staff at JMH testified that more and more babies are being born with cocaine in their system and testing positive for the HIV virus in Miami. These experts estimate that "Cocaine babies" account for 12 percent of the 40,000 babies born at JMH annually. These babies are usually abandoned or neglected by their mothers or left in the hospital's care until properly placed in foster care. Seventy five percent of these babies are born premature or underdeveloped, with an increased risk of crib death and neurological abnormalities. They require intensive care treatment at a cost of between \$1,000 to \$2,000 a day. Typical hospitalization can last for one to six months. No one yet knows the life expectancy or the long-term special needs of these babies. The social costs appear enormously high.

Women represent 52 percent of Florida's current population and 75 percent of these women are of child-bearing age. Many have already had several children. In 1986-87, Florida had over 93,000 single female heads of households receiving Aid to Families with Dependent Children (AFDC) monies. This number excludes a large number of homeless mothers and those not sufficiently in touch with the system to collect these funds. These women, mostly minority women of child-bearing age with several children, are victims of generational poverty. Due to the severe stresses of economic and vocational deprivation, they

too often turn to drugs and alcohol as a coping device. The vicious results are passed on to their children either through the placenta or through learned behavior.

Yet, despite all the acknowledged data on the vulnerability of women and children, the system either discourages treatment or seems to conspire to break up the families. Virtually no one will treat a pregnant woman, and there are no facilities to speak of that accept women and children. We have apparently abandoned these women to hopelessness and left their children as prey to the evils of drugs.

Recently a courageous private organization took on the challenge of attempting to provide treatment for pregnant women and their children. The Family Health Center, attempting to provide these greatly needed services has been stonewalled by the City of Miami's "zoning restrictions". The narrow mindedness of local government astounds us in this situation. We cannot comprehend its reluctance to provide its full-fledged and unconditional support to this greatly needed facility. We are left feeling that local government just does not care.

Zoning issues at this point merit a serious discussion. Since the beginning of our term, it seemed any attempt to establish imperatively needed services was impeded or defeated because of zoning issues. Zoning thwarted the Beckham Hall effort, the homeless center for women, the establishment of a treatment program for juveniles and the general expansion of treatment services. We do not fully understand the intricacies of the various zoning rules and regulations. It appears few really do. We understand the rationale behind its strict enforcement but we do not agree with its application when it prevents the provision of desperately needed social services. Government should help, not thwart, private ventures which offer social services that government fails to provide.

(i). Neighborhood Impact

Drug dealers have marked their turf in poorer neighborhoods where more than half the families are headed by single women. These already fragile families rapidly disintegrate as these women become addicted. One recovering addicted mother told us, "a whole generation of young mothers are using crack. Their daughters are using crack. There's gonna be no one left to take care of the children. Most everone I know in my neighborhood [Liberty City] is using crack.... At night drug dealers are like cockroaches. They are everywhere when you turn on the lights!...And kids are used as lookouts....There ain't no more families. The mothers are high in crack rooms or selling themselves for drugs and their kids are in foster care, left with grandmothers to care for them or just plain at home alone. Some women I know even let their kids be used sexually for drugs."

In many respects, local government's apathy as a landlord has also contributed to the victimization of women and children. The Fall Term 1985 Grand Jury called Dade County Department of Housing and Urban Development (DCHUD) a "slumlord". A vast majority of Dade County public housing families with children are headed by women. According to local experts, 90 percent of the families with children in public housing projects, such as Larchmont Gardens and Modello, are headed by single women. Testimony we heard painted Modello as an appallingly bleak complex. Drugs have seized it. Over 45 percent of the units are vacant, the others are dilapidated, deteriorating and too many operate as crack dens. A DCHUD employee recently reported that as many as 70 - 75 percent of the units are involved in drugs.

Children and mothers discuss openly the daily use and distribution of drugs. One pathetic story touched the hearts of us all. A mother, poisoned by drugs, sold her children for sex regularly to feed her poisoned body. Some mothers expressed a

desire for treatment but feared losing their children to protective custody while they sought treatment. Strangely, Modello is one of the few public housing complexes fortunate to have attracted private help from civic groups such as the United Way and the Junior Women's League. But Dade County has failed to do its part.

The White House Conference for a Drug Free America, comprised of experts and citizens across the nation dedicated an entire section to Public Housing and made specific comments and recommendations with which we strongly agree:

Public Housing is a reflection of the community at large. People in our public housing complexes...want to rid their housing complex of the scourge of drugs. They want their development to be a place where they and their children can live, play,...without having to confront drug users and sellers and without getting victimized by the criminal activities that users are involved in to support their habits. The sale and use of illicit drugs in public housing are not inevitable. They can be prevented. But in order to do so, public housing residents, public housing authorities and community officials will have to work together to develop and implement policies that recognize the special needs of public housing residents and treat them as they would residents of other communities. These policies should include:

- . Making drug treatment and prevention information and resources available to all public housing residents and employees.
- . Screen potential public housing residents for past illegal or disruptive behavior.
- . Allocating space for meetings of AA, NA, Al-Anon, and other self-help groups...job training programs.
- . At least 2 percent of USHUD CIAP funds should be made available to public housing for anti-drug initiatives.
- . State, county and municipal governments should provide adequate law enforcement services to public housing.

This report concludes that in order to turn these "islands of despair" into "safe sites", drug treatment and education programs and health clinics should be located in public housing complexes to provide assistance close at hand for residents desiring to end drug dependency. We could not agree more and urge our DCHUD to



provide treatment for its tenants. Dade County cannot ignore the cost of this human suffering and must recognize that if it does the entire community will bear the burden.

#### IV. SUMMARY

Some have described the Grand Jury as the conscience of our community. We feel this responsibility and therefore have attempted to be as objective and as critical as necessary. In this report we do not wish to suggest that people in our government or in the private sector do not care to address the drug problem. They do care and examples abound. Dade County established the Office of Substance Abuse Control to coordinate initiatives and services. Dade County rearranged its Office of Rehabilitative Services in an attempt to improve its services. The Miami Coalition has been formed to address the problem of substance abuse. HRS restructured its funding formula in an attempt to insure the utilization of public monies for the treatment of indigents and juveniles. Our Dade County School System has enhanced its substance abuse curriculum and has planned to place school counselors trained in substance abuse and related psychological needs in all of our junior and senior high schools. Public service announcements informing on the evils of drugs are plentiful.

Government and private industry have undertaken collaborative steps to expand the impact of their resources. An initiative of this type is the Liberty 2000 Project. This initiative aims at reaching the root-cause problems that lead to family disintegration, teen pregnancy, school dropouts and the general deterioration of neighborhoods. This effort attacks the very fabric of community deterioration and correctly perceives substance abuse as a symptom of basic human hopelessness.

The present drug problem has spawned numerous task

forces and coalitions while generating untold volumes of plans and assessments. Such hard work has identified many tangible solutions. Clearly, we know the problems. Perpetually reassessing the problems and solutions waste our time, money, motivation and emotional stamina.

We must break the cycle of continuously reinventing the wheel and take concrete action. Intergovernmental and interagency competition must be avoided at all costs. While efforts to obtain greater federal and state funding should continue, we can not be dependent on these sources. A lack of funding cannot be an obstacle to implementing known solutions. Local government must take the lead. Tangible treatment efforts must be funded. Dade County must insure the provision of affordable and accessible treatment for its community, and women and children in particular. Drug treatment for the criminal justice population must be provided. We must avoid the potential fragmentation of substance abuse policy, which appears to be occurring, and head in a unified, cohesive and concrete direction toward these goals.

## V. RECOMMENDATIONS

### DADE COUNTY

1. Establish a central intake system and facility to assess individual and family needs for services, especially substance abuse treatment. A central facility needs to provide overnight shelter and be available 24 hours a day, 365 days a year. Providing transportation to the facility is also necessary. This system should provide intake, referral to treatment and follow-up on a case management basis. Its record keeping capability needs to be sufficiently sophisticated to make adequate and uniform data reporting possible. Staff must consist of qualified professionals who are able to effectively evaluate and refer to services countywide.
2. Establish an effective substance abuse program with adequate resources for the jail population. Make treatment mandatory or provide sufficient incentives for the treatment option, to insure all who indicate a need for treatment receive it. Develop the Beckham Hall concept and other reentry to community type programs. Fund, staff and expand the AGAPE program or establish similar programs adequate for the number of women offenders who indicate a need for it.

3. Enhance the court ordered evaluation process to insure that all offenders processed through the jail who indicate a substance abuse problem either through self admissions, urine testing or charges, receive an evaluation.
4. Build more jails on presently owned county properties where zoning permits it. Build or establish a minimum security facility or halfway house where nonviolent substance abuse offenders can receive day, night or residential treatment counseling, for either those offenders released from jail-based treatment, or as an alternative to jail, and for those under community supervision.
5. Make substance abuse treatment available to all public housing residents who need it. Make it possible for mothers with children to obtain treatment by providing day care or night care for their children. Establish drug information centers and referral services for each complex with 50 or more residents. Explore better utilization of vacant units by temporarily establishing treatment, education and job training programs in them. Strengthen law enforcement efforts and the eviction process to insure that drugs and crime do not continue to proliferate in public housing.
6. Explore the utilization or expansion of presently owned public facilities and properties for the establishment of substance abuse treatment centers with community wide access.
7. Consolidate the now fragmented efforts of the various county departments which are developing or providing substance abuse services or analysis. Both the Office of Substance Abuse Control and the Office of Rehabilitative Services should receive additional staff and resources if they are to continue to be effective.
8. Develop incentives for the private sector to participate in governmental strategies to overcome the local drug problem. For instance, commercial developers could construct or contribute to the construction of treatment programs through zoning or taxing incentives. Explore the benefits of establishing a Substance Abuse Treatment Fund. Create other sources of income such as surcharges on building permits and occupational licenses for businesses that sell alcohol. Explore imposing a one-time tax or temporary tax period for property owners or business owners to fund treatment.

#### **DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**

1. Research, develop and standardize criteria for quality and effective treatment. Develop an acceptable formula to determine the various types of treatment that are successful and effective. Develop a variety of programming that is effective but not as costly as residential treatment. Aggressively seek funding for and establish programs for women, women with children and families. Establish accessible day care facilities for children of parents who need it in order to seek treatment.
2. Establish a central intake system for Dade County. Over 33 percent of all those receiving HRS funded treatment statewide are located within Dade County. Clearly, apart from the human need for such a center, it makes good management sense to centralize the intake, referral and follow-up of clients, especially those treated with public monies. It also provides a useful monitoring mechanism to determine availability of treatment slots and utilization of those slots and documents future maximum needs for innovation

and expansion. It also aids in the effective networking of other HRS funded and licensed facilities such as mental and medical health centers.

3. Work with the State and Dade County Department of Corrections to establish treatment programs for the criminal justice population.

#### **THE FLORIDA LEGISLATURE**

1. The Legislature must provide sufficient funding for substance abuse treatment programs to insure affordable treatment for those who need it.
2. The Legislature must specifically increase funding for the treatment needs of pregnant women and women with children.
3. The Legislature must provide adequate funding to the State Department of Corrections to provide effective substance abuse programs within its facilities.
4. The Legislature must fund the construction of new prisons to insure those who are sentenced to incarceration are incarcerated for the length of their sentence and not simply released upon arrival to a correctional facility.
5. The Legislature must eliminate or severely restrict the utilization of discretionary gain time by DOC for those convicted of drug related crimes. At the very least, the Legislature should mandate that discretionary gain time be awarded only upon successful completion of substance abuse treatment.
6. The Legislature must revise Florida Statute 397 to conform to the procedures established in Florida Statute 396. In the alternative, merge both statutes and create a chapter on Substance Abuse which authorizes protective detention for an examination and longer terms of court ordered treatment. Also establish a provision which provides that an individual is only released from treatment upon a determination by the court.
7. The Legislature needs to adequately provide funding to the urinalysis surveillance program it enacted this spring. Failure to do so makes its own law meaningless.
8. The Legislature should designate 10 percent of the excise tax collected from those who sell alcoholic beverages be spent on providing treatment.

#### **THE JUDICIARY**

1. The judiciary should explore the development of special courts manned with personnel trained in the area of substance abuse.
2. The judiciary needs to be more sensitive to the needs of families who are plagued by the criminal behavior of relatives against them by considering greater utilization of eviction orders, restraining orders, criminal protective orders and special conditions of probations.
3. Those who are sentenced to local jail time should also be ordered to receive a substance abuse evaluation and, if appropriate, ordered to jail treatment.

4. The judiciary needs to increase the use of court ordered substance abuse evaluations and placement in treatment programs. Greater utilization of imposing special conditions of probation is necessary to insure that offenders remain drug free and receive treatment as they are released into the community.
5. The judiciary should also require treatment as a condition of pre-trial release where substance abuse is indicated and subject the offender to random urinalysis to insure compliance.
6. Every arrestee should be ordered to attend the existing education series on drugs as a condition of pre-trial release.

#### STATE DEPARTMENT OF CORRECTIONS

1. Mandate drug treatment for all offenders under their supervision who have an indicated need for treatment both those within correctional facilities and in the community.
2. Establish theraputic communities within its correctional facilities for all identified offenders with drug related histories, and drug related crimes.
3. Eliminate or reduce significantly the use of discretionary gain time for the substance abusing offender and those charged with drug related crimes. Instead use gain time and other programs, such as work release, as incentives awarded for successful completion of drug treatment.
4. Develop a statewide program of effective evaluation for all offenders placed on community supervision. Persons on community control and probation who have drug problems should be required to get treatment and remain drug free. Random urinalysis should be implemented statewide and be adequately funded.

#### CITY OF MIAMI

1. Establish a zoning policy to encourage facilities which offer substance abuse treatment. The City of Miami should immediately approve the use of Beckham Hall and the women's facility proposed by the Family Health Center. Such actions would exhibit a sincere commitment to address this community's drug epidemic. We understand that citizens may not like having such programs in their neighborhood. But the time has come to recognize that it is far better to have drug abusers in appropriate facilities in our neighborhoods rather than on the streets of our neighborhoods terrorizing our citizens.

CAPITAL AND OTHER CRIMINAL CASES PRESENTED TO THE GRAND JURY

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
MARCUS ANTHONY PERKINS, RODNEY CALDWELL GUY, and CALVIN ALEXANDER LAZIER	First Degree Murder Conspiracy to Traffic in Cocaine Attempted Trafficking in Cocaine	True Bill
RICHARD MATTHEW KERN	First Degree Murder Armed Robbery	True Bill
ROLDAN GUILLEN	First Degree Murder Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
JESSIE BOBO, and RONALD CHRISTOPHER WHITE	First Degree Murder Conspiracy to Commit First Degree Murder Armed Robbery Armed Burglary of a Dwelling Armed Burglary of a Structure	True Bill
RICHARD MATTHEW KERN, CARL TRACY BROWN and EDDY JOE BLACKWELL (Reindictment of Richard Matthew Kern only)	First Degree Murder Armed Robbery Armed Burglary	True Bill
WINFRED LOVELACE, also known as "PRINCE", MARCELLO EADDY, also known as "CLEAN", BENNIE LEE COLEMAN, and RICHARD CALIX	First Degree Murder Attempted Armed Robbery	True Bill
JAMES IRA JONES	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>
PEDRO ALVAREZ	First Degree Murder Aggravated Child Abuse Sexual Battery Aggravated Child Abuse Aggravated Child Abuse Aggravated Battery Aggravated Assault Shooting into Occupied Building Resisting an officer with violence to his person Battery on a Law Enforcement Officer Battery on a Law Enforcement Officer	True Bill
ALVIN JEROME HAMILTON	First Degree Murder Burglary with an Assault Attempted Robbery Use of a Weapon in the Commission of a Felony	True Bill
MILQUADES GOMEZ	First Degree Murder First Degree Murder	True Bill
RAMON FERNANDEZ	First Degree Murder First Degree Murder	True Bill
RUSSELL LEE UNDERWOOD	First Degree Murder	True Bill
RUBEN ZELAYA	First Degree Murder	True Bill
ANTHONY CLARENCE BELL	First Degree Murder	True Bill
HENRY JOE RILEY	First Degree Murder Use of a Firearm while engaged in a Criminal Offense	True Bill
ROBERT RICHARD GUNTER	First Degree Murder Aggravated Child Abuse	True Bill
IRA TRENTON JACKSON	Manslaughter	No Indictment
TIMOTHY MADARAS	First Degree Murder Second Degree Arson	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
RAFAEL NICOLAS HERRERA and ROLANDO HERRERA	First Degree Murder (A,B) Attempted First Degree Murder (A,B) Trafficking in Cocaine (A,B) Burglary of a Conveyance (A,B) Armed Robbery (A,B) Unlawful possession of a Firearm during the commission of a felony (A,B) Possession of a Firearm by a Convicted Felon (A) Possession of a firearm by a Convicted Felon (A) Carrying a Concealed Firearm (A) Battery on a Police Officer (A) Resisting arrest with Violence (A)	True Bill
JAMES IRA JONES, ROBERT LEE PAYNE, BERTHA HARRIS	First Degree Murder (A) (B) (C) Conspiracy to Traffic in Cocaine (over 400 grams) (A) (B) (C) Attempt to Traffic in Cocaine (A) Attempt to Traffic in Cocaine (B) (C) Unlawful Possession of a Firearm during the Commission of a Criminal Offense (A)	True Bill
GLEN CLARKSON, also known as GEORTHY HARRIS, also known as HASSAN TOSBAIA, also known as GLEN WHITE, also known as TOSBAIA JAQUESSE, also known as GLENN CLARKSON-WHITE	First Degree Murder Robbery Burglary Theft Battery on Police Officer Resisting Arrest with Violence First Degree Murder Aggravated Child Abuse	True Bill
TRACY HENRY (reindictment)	First Degree Murder Aggravated Child Abuse	True Bill



<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JOSE BRITO, also known as JOSE EDUARDO BRITO-ACOSTA, also known as EDUARDO ACOSTA BRITO, also known as "EDITO"	First Degree Murder Armed Robbery	True Bill
FREDY ANDRADE, and FELIX DE LA HOZ	First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Armed Robbery Armed Trafficking in Cocaine Shooting into an Occupied Conveyance Conspiracy to Traffic in Cocaine Resisting Arrest with Violence Possession of Machine Gun	True Bill
JULIO DE PARIAS	First Degree Murder Kidnapping	True Bill
JULITA DE PARIAS	First Degree Murder Kidnapping	True Bill
MICHAEL WARD (reindictment)	First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Possession of a Firearm while engaged in a Criminal Offense	True Bill
WINFRED LOVELACE, also known as "Prince", MARCELLO EADDY, also known as "CLEAN", BENNIE LEE COLEMAN, and RICHARD CALIX	First Degree Murder Attempted Armed Robbery	True Bill
FRANK BERNARD WILKINS	First Degree Murder Attempted First Degree Murder Armed Robbery Armed Robbery Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
RUBEN GARCIA	First Degree Murder First Degree Murder Armed Robbery Trafficking in Cocaine	True Bill
SAMUEL BAUTISTA (A), JUAN EDDIE GUSMAN (B), LEONARDO GUZMAN (C) and MIGUEL UNTRANTE (D)	First Degree Murder (A,B,C,D) Armed Kidnapping (A,B,C,D) Armed Kidnapping (A,B,C,D) Kidnapping (A,B) Attempted Armed Kidnapping (C)	True Bill
GUADALUPE GOMEZ	First Degree Murder	True Bill
ANTHONY CARACCILOLO, THOMAS JOSLIN, also known as THOMAS LAMBERTI, also known as BOBBY CIMINO	First Degree Murder R.I.C.O. Conspiracy to commit First Degree Murder Possession of a Firearm during the Commission of a felony	True Bill
ROBERT RICHARD GUNTER (reindictment)	First Degree Murder Aggravated Child Abuse	True Bill
MICHAEL WARD (reindictment)	First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Possession of a Firearm while engaged in a Criminal Offense	True Bill
CHARLES PAUL	First Degree Murder	True Bill
SIMON PETER MYERS (reindictment)	Attempted First Degree Murder Armed Burglary with an Assault Carrying a concealed weapon	True Bill
KEITH MAURICE JONES	First Degree Murder Shooting or Throwing a deadly missile into an occupied vehicle Unlawful possession of a Firearm while engaged in a Criminal Offense	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
JORGE ROBERTO PEREZ, also known as ROBERT J. PEREZ, also known as RAFAEL MUSULI, also known as FIDEL PANECA	First Degree Murder	True Bill
CLIFF ANTHONY SMITH, also known as TIM SMITH	First Degree Murder Burglary Robbery Unlawful Possession of a Firearm by a Convicted Felon	True Bill
OTIS ANDRE WILSON (A) and ANTHONY TYRONE SUTTON (B)	First Degree Murder (A) Unlawful Possession of a Firearm while engaged in a Criminal Offense (A) Accessory after the fact (B)	True Bill
ROBERTO ABARRA, also known as ROBERTO RIVERA	Attempted Murder - First Degree Attempted Murder - First Degree Shooting or throwing a deadly missile into a vehicle Attempted Robbery Burglary Unlawful Possession of a Firearm while engaged in a Criminal Offense Fleeing a Police Officer	True Bill
TRAVIS JACKSON, "A", HERNSO HANSEL BAPTISTE, "B", and HELEN CALLINS, also known as HELEN JACKSON, "C"	First Degree Murder Armed Burglary First Degree Murder Armed Burglary Armed Robbery, A & B	True Bill
GUADALUPE GOMEZ, DANIEL CRUZ, and LUZSELENIA PAGAN (reindictment A only)	First Degree Murder (A,B,C)	True Bill
TORRANCE SHERMAN	First Degree Murder Possession of weapon while engaged in a Criminal Offense	True Bill
DEDERIC RENDER	First Degree Murder Armed Robbery Unlawful Possession of a Firearm during the Commission of a Felony	True Bill

<u>Defendant</u>	<u>Charge</u>	<u>Disposition</u>
LINDEL RAY DAVIDSON, also known as "SKIP"	First Degree Murder Attempted First Degree Murder Attempted Robbery with a Firearm Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
XAVIER ARCHIE JAVIER REYES, and JORGE REYES	First Degree Murder Trafficking in Cocaine Armed Robbery Armed Kidnapping	True Bill
KING EDWARD WILLIAMS, also known as ED POPE	First Degree Murder	True Bill
WILLIAM OSCAR HENRY, also known as POP, also known as FRED RICHARDSON	First Degree Murder Attempted First Degree Murder Armed Robbery Shooting within an Occupied Building Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
VERA HILL	First Degree Murder	True Bill
WILLIE JAMES JOHNSON	First Degree Murder Burglary Robbery Kidnapping	True Bill
CORALIA VERA	First Degree Murder	True Bill
DEDERIC RENDER and WILLIAM GARDNER	First Degree Murder Armed Robbery Unlawful Possession of a Firearm During the Commission of a Felony	True Bill
ANTHONY CARACCIOLO, THOMAS JOSLIN, also known as THOMAS LAMBERTI, also known as BOBBY CIMINO, and JOYCE LEMAY COHEN	First Degree Murder R.I.C.O. Conspiracy to Commit First Degree Murder Possession of a Firearm During the Commission of a Felony	True Bill

<u>NAME OF DEFENDANT</u>	<u>CHARGE</u>	<u>INDICTMENT RETURNED</u>
VERONICA DELIA RIOS	I. First Degree Murder II. Attempted First Degree Murder III. Possession of a Weapon while Engaged in a Criminal Offense	True Bill
ANTONIO DEARMAS and JOSE LUIS TAPIA	First Degree Murder	True Bill
BRODERICK LOVE	I. First Degree Murder	True Bill
LEROY RIDGEWAY	I. First Degree Murder II. Possession of a Firearm while engaged in a Criminal Offense III. Carrying a concealed firearm	True Bill
JOHN ZERANGUE ALEXANDER	I. First Degree Murder II. Robbery	True Bill
STEVE JONES	I. First Degree Murder II. Unlawful possession of a Firearm while engaged in a Criminal Offense	True Bill
TRAVIS JACKSON, "A", HERNSO HANSEL BAPTISTE, "B", and HELEN CALLINS, also known as HELEN JACKSON (prev. presented 8/10/88)	I. First Degree Murder "A", "B" & "C" II. Armed Burglary "A", "B" & "C" III. First Degree Murder "A" & "B" IV. Armed Burglary "A" & "B" V. Armed Robbery "A" & "B"	True Bill
CLYDE DELLON McNEIL	First Degree Murder	True Bill
JULIAN WILLFORD	First Degree Murder Armed Robbery	True Bill
ELSIE TYRONE STEWART	First Degree Murder Unlawful Possession of a Firearm while engaged in a Criminal Offense	True Bill
DERRICK ANTONIO ROBINSON	First Degree Murder Possession of Firearm during a Criminal Offense	True Bill

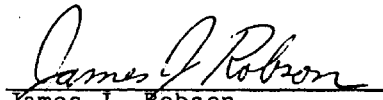
<u>NAME OF DEFENDANT</u>	<u>CHARGE</u>	<u>INDICTMENT RETURNED</u>
FELIX DE LA HOZ "A", FREDY ANDRADE "B", ORLANDO NICHOLAS LOPEZ "C", and PEDRO RODRIGUEZ "D"	First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Attempted First Degree Murder Armed Robbery Conspiracy to Traffic in Cocaine Armed Trafficking in Cocaine Resisting Arrest with Violence Possession of Machine Gun	True Bill
BRADLEY CALIXTE, EDRICE LOUIS, JOSEPH FOUQUET, and JUNIOR BEAUBRUM	First Degree Murder Armed Robbery Possession of a Firearm in the Commission of a Felony Conspiracy to commit Armed Robbery	True Bill
WILFREDO RIVERA-CARTEGENA	First Degree Murder Petit Theft	True Bill
RUTH ANN BRUNSON (A) and JASON ROBERT BRUNSON (B)	First Degree Murder (A) Unlawful Possession of a firearm while engaged in a criminal offense (A) Tampering with evidence (A & B) Uttering a forged instrument (B) Grand Theft (A & B)	True Bill
JOSEPH REED	First Degree Murder	No True Bill
MICHAEL GAYLE	First Degree Murder Possession of a Firearm while engaged in a criminal offense	True Bill
WILLIAM DAVIS	First Degree Murder	True Bill
ANGELO MAURICE REDDICK	First Degree Murder Attempted First Degree Murder Shooting into a occupied Possession of a Firearm during the Commission of a Felony	True Bill

#### ACKNOWLEDGMENTS


On the morning of May 10, 1988, we were chosen to serve as Dade County Grand Jurors for the 1988 Spring Term. We would like to express our thanks to His Honor George Orr, Chief Judge Gerald Wetherington, and State Attorney Janet Reno. We would like to thank the people who made our term run so smoothly: George Barnes, our Bailiff, took excellent care of our needs; Rose Anne Dare, Administrative Assistant to the Grand Jury, tirelessly expedited mountains of paperwork for our research; and Chief Assistant State Attorney Katherine Fernandez Rundle, who, due to her tenacity, expertise, research skills and unfailing good humor, we were able to compile this report. 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, Miami Beach and North Miami in the performance of their duties.

Our review of treatment and other drug and related issues was greatly enhanced by the professional and insightful work of Dade County's Office of Substance Abuse Control. This office has made great strides in understanding the complexities of drug abuse in this community. We are also very grateful to the Director and staff of Pre-Trial Services who aided us tirelessly with an enormous task. Finally, we must express our deepest appreciation to the addicts and the families of addicts who mustered up the courage and determination to share their experiences with us. It is to these families and addicts that we dedicate our work. Finally, we are grateful to the Miami Coalition of Care for the Homeless and the numerous private service providers for their insight into the problems of the homeless.

ATTEST:

  
James J. Robson  
Clerk

Respectfully submitted,

  
Jean Mozell Vail, Foreperson  
Dade County Grand Jury  
Spring Term 1988

DATE: November 16, 1988