

# Pinellas County, Florida

## Juvenile Sequential Intercept Mapping Report

July 21-22, 2022



UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

Criminal Justice, Mental Health, and  
Substance Abuse Technical Assistance Center

### **Authors:**

Katelind Melendez, M.A., M.S.  
Beth Holland, MBA  
Eryka Marshall, M.A., LMHC  
Abby Shockley, MPH

### **The Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center**

Department of Mental Health Law and Policy  
Louis de la Parte Florida Mental Health Institute  
College of Behavioral & Community Sciences  
University of South Florida

Sponsored by Contract #LH816

# PINELLAS COUNTY JUVENILE SIM REPORT ABBREVIATIONS

Below is a list of abbreviations and definitions that may be helpful when reading the Pinellas County Juvenile Sequential Intercept Mapping (SIM) narrative and map.

## GENERAL LIST OF ABBREVIATIONS & DEFINITIONS

AA/NA	Alcoholics Anonymous/Narcotics Anonymous
AIM	At-Risk Intervention & Motivation
BA	Baker Act
BNet	The Behavioral Health Network
CAM	Coordinated Access Model
CAT	Community Action Team
CCSU	Children's Crisis Stabilization Unit
CFBHN	Central Florida Behavioral Health Network
CHAT	Community Health Action Team
CPD	Clearwater Police Department
CR	Conditional Release
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Teams
CJMHA	Criminal Justice, Mental Health, and Substance Abuse
CJMHA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
Crossover Youth	Youth involved in both the child welfare and juvenile justice systems
CSU	Crisis Stabilization Unit
DCF	Florida Department of Children and Families
DJJ	Florida Department of Juvenile Justice
DRAI	Detention Risk Assessment Instrument
E/BD	Emotional/Behavioral Disability
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
ER	Emergency Room
ERC	Evening Reporting Center
ESE	Exceptional Student Education
FACT	Florida Assertive Community Treatment Team
FFT	Functional Family Therapy
FSS	Family Support Services
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
GCJFCS	Gulf Coast Jewish Family and Community Services

HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
IDD	Intellectual and Developmental Disabilities
IEP	Individual Education Plan
JAAP	Juvenile Arrest Avoidance Program
JAC	Juvenile Assessment Center
JARF	Juvenile Addictions Receiving Facility
JDAP	Juvenile Diversion Alternative Program
JPO	Juvenile Probation Officer
LE	Law Enforcement
MA	Marchman Act
MCO	Managed Care Organizations
MH	Mental Health
MHU	Mental Health Unit
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MCRT	Mobile Crisis Response Team
NAMI	National Alliance on Mental Illness
PACT	Positive Achievement Change Tool Assessment (R-PACT is residential PACT, C-PACT is community PACT)
PAT	Prevention Assessment Tool (used by FL DJJ in prevention and civil citation programs)
PCET	Pinellas County Empowerment Team
PCP	Post Commitment Probation
PCSB	Pinellas County School Board
PCSO	Pinellas County Sheriff's Office
PEMHS	Pinellas Enrichment through Mental Health Services
PICA	Pinellas Integrated Care Alliance
PST	Pinellas Support Team
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SCLS	Second Chance Life Skills
SEDNET	Multiagency Network for Students with Emotional/Behavioral Disabilities
SHAC	School Health Advisory Committee
SIM	Sequential Intercept Mapping
SIPP	Statewide Inpatient Psychiatric Program for Youth and Young Adults
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	System of Care
SRO	School Resource Officer

STOP	Service & Treatment for Offender Prevention
SU	Substance Use
USF	University of South Florida
YAP	Youth Advocate Programs, Inc.
VA	U.S. Department of Veterans Affairs
VIPAR	Virtual Inmate Processing and Reporting
VOP	Violation of Probation

# Table of Contents

Introduction .....	1
Pinellas County Juvenile SIM Narrative .....	5
Intercept 0—Community Services .....	5
Intercept 1—Law Enforcement & Emergency Services .....	12
Intercept 2—Initial Juvenile Detention Screening & Hearings .....	16
Intercept 3—Detention & Courts .....	18
Intercept 4—Reentry .....	23
Intercept 5—Community Supervision .....	25
Pinellas County Priorities for Change .....	30
Pinellas County Action Plan .....	31
Quick Fixes / Low-Hanging Fruit .....	38
Parking Lot .....	38
Recommendations .....	39
Juvenile Sequential Intercept Map: Pinellas County, Florida .....	41
Appendix A: Participant List .....	42
Appendix B: Pinellas County Data Snapshot .....	44
Appendix C: Resources .....	45
Appendix D: CJMHSA TAC Facilitator Bios .....	48

# Pinellas County, Florida: Transforming Services for Juveniles with Mental Illness and Substance Use Disorders in Contact with the Juvenile Justice System

## INTRODUCTION

This report provides a summary of the *Sequential Intercept Mapping* (SIM) convened virtually on July 21-22, 2022. The SIM resulted in the start of a strategic plan for a targeted population, namely youth with substance use and/or mental health disorders (SAMH) who are involved in or at risk of involvement in the juvenile justice system in Pinellas County, Florida. Moreover, the SIM is a tool that can facilitate integration of community planning related to the behavioral healthcare system and diversion efforts from juvenile justice settings.

This report includes:

- A brief review of the background for the SIM
- A detailed summary of the information gathered during the SIM, presented by intercept
- A sequential intercept map developed with input from the participants during the SIM
- An action planning (priorities in rank order) matrix developed by the participants
- Recommendations to assist Pinellas County in achieving their goals

## BACKGROUND

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSА reinvestment grant program. Upon request, the TAC also provides consultation to other communities that are exploring the intersect of behavioral health and justice systems. This SIM was conducted as technical assistance to Pinellas County as a part of their juvenile reinvestment grant contract (LHZ91). The SIM provided Pinellas County with the activities and products listed below.

- Creation of a “point-in-time” map of the current juvenile justice system indicating points of “interception” where diversion strategies and programs for youth with SAMH disorders can be developed and implemented.
- Identification of resources, gaps in services, and opportunities within the existing school system, behavioral healthcare system, juvenile justice system, law enforcement, and the judiciary.
- Development of a strategic action plan to implement identified priorities to address juvenile justice diversion, reentry, and treatment needs of youth with SAMH disorders involved with the juvenile justice system.

The SIM was comprised of 33 participants representing cross-systems stakeholders (Figure 1) including Court Administration, Pinellas County Public Schools, Florida Department of Juvenile Justice, Judiciary, Sixth Judicial Circuit Public Defender’s Office, State Attorney’s Office, Central Florida Behavioral Health Network, Florida Department of Children and Families, NAMI Pinellas, Family Support Services, and a cadre of other Pinellas County stakeholders. A complete list of participants is available in Appendix A at the end of this report.



Figure 1. Sectors Represented at Pinellas County SIM

Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for Pinellas County’s system for the target population (Figure 2). This feedback was integrated into the SIM and validated by priorities that were collectively identified through the SIM process.



Figure 2. WordCloud representing anonymous stakeholder feedback

Katelind Melendez, Beth Holland, and subject matter expert Eryka Marshall of the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC) facilitated the mapping. Biographies for facilitators are available in Appendix D.

## OBJECTIVES OF THE SEQUENTIAL INTERCEPT MAPPING

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D. for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. The model was modified by the CJMHSA TAC to accommodate specific sectors and processes aligned with the juvenile justice and child welfare systems (Figure 3). During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the juvenile justice system.

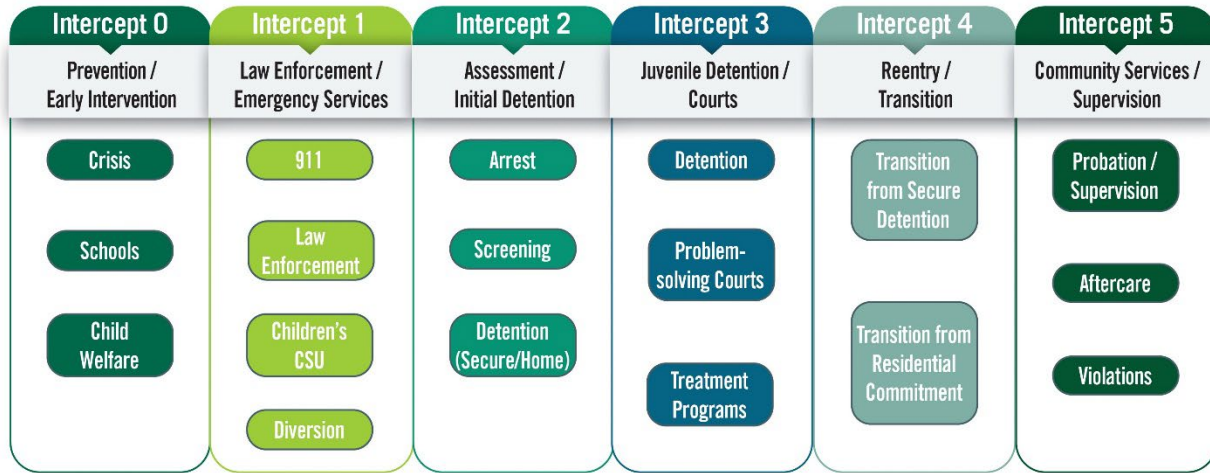


Figure 3. Juvenile Sequential Intercept Model Modification Graphic

The SIM has three primary objectives:

- Development of a comprehensive map of how youth with substance use and mental health disorders flow through six distinct intercept points of the Pinellas County juvenile justice system: Community and Crisis Services, Law Enforcement and Emergency Services, Initial Detention Screenings, Detention Placement, Court Hearings, Community Supervision, Residential Treatment, Transition, Reentry, and Aftercare.
- Identification of resources, service gaps, and opportunities for improvements at each intercept for youth with SAMH disorders involved in the juvenile justice system (target population).
- Development of priorities to improve the system and service-level responses for youth.

The Pinellas County Juvenile SIM map is on page 41.



## KEYS TO SUCCESS

### History of Cross-Systems Partnerships

Pinellas County has a strong history of collaboration between the behavioral healthcare and juvenile justice systems. This is reflected in several existing local workgroups and collaboratives that were identified prior to and during the SIM.

Existing stakeholder meetings/partnerships include:

- Pinellas County Acute Care Systems Task Force
- Substance Abuse Advisory Board
- Public Safety Coordinating Council
- Pinellas Integrated Care Alliance (PICA)
- Pinellas County Empowerment Team (PCET) 2.0
- Community Health Action Team (CHAT) Meeting
- Opioid Task Force
- LiveFree! Coalition
- Juvenile Welfare Board
- Pinellas Ex-Offender Reentry Coalition Meeting

### Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision makers. Opening remarks established a clear message as to the importance of the SIM and commitment to an action plan. Remarks were provided on both days by:

- Gabriela Piloseno, Section Manager, Pinellas County Justice Coordination
- Ari Weisberg, Director of the Juvenile Division of the 6th Circuit Public Defender

## PINELLAS COUNTY DATA SNAPSHOT

The SIM opened with a presentation on the mapping workshop process and history, as well as a brief review of existing Pinellas County data that contributes to understanding the needs and risk/protective factors associated with the target population. Participants were encouraged to review publicly available and programmatic data to help identify populations to target initiatives and further inquiry. The data presented in the introductory SIM presentation is presented in Appendix B. Data was explored in more detail throughout the mapping and the importance of data-driven decision making and ongoing data review was discussed.

# PINELLAS COUNTY JUVENILE SIM NARRATIVE

This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Pinellas County Juvenile SIM map, especially program specifics and acronyms used on the map.

## INTERCEPT 0—COMMUNITY SERVICES

### Crisis Hotlines

*211 operated by Tampa Bay Cares, Inc.*

- 211 is a 24/7 information and referral line for free information about available area services.

**Table 1.**

*Summary of 211 Mental Health Crisis Calls\**

Month	Crisis Contacts Received	Crisis Contacts Answered
October 2021	1,220	771
November 2021	928	607
December 2021	1,030	680
January 2022	1,060	662
February 2022	834	608
March 2022	1,066	744
<b>Total</b>	<b>6,138</b>	<b>4,072</b>

\*Data comprises all calls (adults and juveniles).

*Mobile Crisis Response Team (MCRT) operated by PEMHS and Suncoast Center*

- The MCRT is a collaborative effort between PEMHS and Suncoast that serves youth and young adults ages 25 and under.
- The MCRT is available 24 hours, 7-days-a-week.
- The target response time for the MCRT is 60 minutes.
- The team is comprised of 7 master’s level clinicians.
- Services may include evaluation and assessment, development of a safety/crisis plan, crisis counseling, linkages to services, and telehealth services.
- The MCRT receives referrals from family members, teachers, youth, community members, and school resource officers.



**Table 2.**  
*Summary of PEMHS Mobile Crisis Response Team Data*

Month	# Calls Received	# of Crisis Calls (of total calls received)	Baker Act Diversion Rate	Avg. Response Time (in mins.)
October 2021	112	48	83.0%	771
November 2021	146	50	86.0%	607
December 2021	104	49	83.6%	680
January 2022	102	31	80.6%	662
February 2022	143	45	86.6%	608
March 2022	140	47	87.2%	744
<b>Total</b>	<b>747</b>	<b>270</b>	<b>84.5%</b>	<b>4072</b>

*PEMHS Suicide Hotline*

- For 24/7 suicide hotline, call (727) 791-3131.
  - This hotline will be transitioning to the National 988 Suicide Hotline.
- For 24/7 mental health assistance, call (727) 541-4628.

[Pinellas Wellness Connection](#)

- The Wellness Connection is an alliance of mental and physical health providers serving Pinellas County residents that serves as a single point of entry with a “no wrong door approach” to screening and assessment through on-site and virtual platforms. There is collaboration between behavioral health providers, acute care receiving facilities, primary care and homeless providers, NAMI, law enforcement, educational, and faith-based organizations to connect individuals to care.
- For immediate assistance, call the “*You Good? Line*” at (727) 791-3131.

[The Behavioral Health Network \(BNet\) operated by PEMHS](#)

- BNet is a comprehensive behavioral healthcare plan for children enrolled in Florida KidCare, Inc (statewide healthcare plan for children). BNet serves children ages 5-to-19 who are not enrolled in Medicaid.
- Individualized services are provided and may include: in-home and outpatient individual and family counseling, in-home and outpatient targeted case management, psychiatry services and medication management, access to PEMHS pharmacy, advocacy and provision for Wraparound services, and a variety of specialty services.

[CASA Pinellas Domestic Violence Hotline](#)

- For 24-hour help, call (727) 895-4912 (TTY 727-828-1269)
- CASA Pinellas provides community education through webinars and in-person training for community members and professionals.
- The Peacemakers Program prevention curriculum is provided for free to local schools (school-approved curriculum).

### Hope Villages of America

- The 24-hour crisis hotline: (727) 442-4128, TTY: (727) 446-2448, Outreach: (727) 441-2029.
- Hope Villages of America provides emergency safe housing as well as a variety of outreach and domestic violence services to Pinellas County.

### National Domestic Violence Hotline

- Individuals can call 1-800-799-SAFE (7233), chat online, or text START to 88788 for support.

### Warm Lines

#### *NAMI (National Alliance on Mental Illness) Warm Line*

- Please call the NAMI HelpLine at 1-800-950-NAMI (6264) M-F, 10 am – 10 pm, ET | Or in a crisis, text “NAMI” to 741741 for 24/7, confidential, free crisis counseling.
- NAMI Pinellas resources and information is available at <https://nami-pinellas.org/>.

### Hope Florida

- Hope Florida provides support and referrals to community-based partners with assistance from Hope Navigators.
- Hope Navigators are available at (850) 300-HOPE.

### Education

#### *School Health Advisory Committee (SHAC)*

- Pinellas County Schools has a School Health Advisory Committee (SHAC), made up of a broad cross-section of parents, students, and school, health, business and community leaders. Together, the SHAC serves as problem-solvers and advisors to the school district on health-related issues. SHAC can also identify needs and opportunities to maximize community resources.
- SHAC uses the Coordinated School Health Model, which is the integration of:
  - Comprehensive school health education
  - Physical education
  - School health services
  - Nutrition services
  - Counseling, psychological and social services
  - Health school environment
  - School-site health promotion for staff and employees
  - Family and community involvement.

### Pinellas County Schools Mental Health and Wellness Plan 2022-2023

- In 2018 the PCSB developed the initial “Mental Health and Wellness Plan” for the 2018-2019 school year. The plan encompasses a multifaceted approach to ensuring mental health and wellness for all students in Pinellas County Schools. PCSB has since expanded the plan every school year to ensure safety and wellness for all students by adjusting and adding new components.
- The primary components of the Pinellas County Schools 2022-2023 Mental Health and Wellness plan include:
  - Mental health and wellness training
  - Increased access to student services staff
  - Strengthen community partnerships
  - Suicide Prevention
  - Substance Abuse prevention/intervention
  - Screening assessments for at-risk students

- services for students with internalizing concerns (depression & anxiety/phobias)

#### *Pinellas County Schools Response Teams*

- There is a school-based response team that operates like an MRT to respond to students in crisis. A response team liaison will conduct an assessment with the student and contact the relevant response team, if warranted. The response team conducts follow-up with the family and youth and support services such as counseling.
- Approximately 50% of the social work staff team working on these response teams are licensed clinical social workers (LCSWs).
- The two primary response teams are:
  - Mental Health Team – Individuals from this team are self-harm focused and are part of a branch of suicide prevention initiatives.
  - Threat Assessment Team – Individuals on this team are focused on potential harm to others. This branch exists in response to the Marjory Stoneman Douglas High School Public Safety Act.

#### *Pinellas County Schools Mental Health Triage Team*

- The mental health triage team is a macro team under the Pinellas County Schools Prevention Department including school social workers, school psychologists, and school counselors.
- This team is trained to support districtwide strategic initiatives and build the capacity of school-based teams through a three-tier approach. The goals are to work extensively to increase the core and supplemental interventions by supporting mental wellness, Positive Behavior Interventions and Supports (PBIS), and Restorative Practices initiatives; to develop and provide districtwide trainings; to identify gaps in academic, behavioral and social emotional wellbeing using Early Warning Systems data; to provide consultations, coaching and collaboration for small-group interventions by utilizing the gradual release model; and to link families with school-based and community resources and referrals to community partners for intensive interventions when needed.

#### *Operation PAR – School Prevention Programs*

- [The ALPHA Program](#) is a voluntary prevention program that provides short-term intensive counseling for 4<sup>th</sup> and 5<sup>th</sup> grade students at Blanton Elementary School who are struggling academically. Evening workshops are convened on parenting skills for the families of these youth.
- Operation PAR also provides interactive presentations for students K-12 on violence prevention, substance use prevention, and goal setting.

#### *SEDNET Project*

- According to the Florida Department of Education, SEDNET is a network of 19 regional projects that are comprised of the major child serving agencies, community-based service providers, students, and their families. Section 1006.04, F.S., defines the statutory requirements and purpose of SEDNET. Local school districts serve as fiscal agents for each local regional project. Within this framework, SEDNET focuses on developing interagency collaboration and sustaining partnerships among professionals and families in the education, mental health, substance abuse, child welfare, and juvenile justice systems serving children and youth with and at-risk of an emotional/behavioral disorder (E/BD). Florida's statewide network of SEDNET projects serve as a collaborative resource for school districts, agencies, and families working to promote positive educational and community-based outcomes for children with E/BD.

## Prevention & Early Intervention

### *Children in Need of Services/Families in Need of Services (CINS/FINS)*

- The Florida Legislature passed a law (Chapter 984, F.S.) that provides help to CINS/FINS. Programs are available for youth ages 6-to-17 years old and their families. DJJ funds and supports these counseling programs to prevent juveniles' further involvement in the justice system. Youth who are runaways, habitually truant, ungovernable, or homeless (and their families) can receive free services to improve their behaviors, resolve conflicts effectively and start communicating again.
- CINS/FINS providers in Pinellas County include:
  - Bethel Community Foundation
  - Family Resources, Inc.
  - Thaise Educational & Exposure Tours
  - PACE Center for Girls

### *Operation PAR Access Center*

- Consumers and families may call the Access Center 24/7 at 1-888-727-6398. The Access Center will provide screening over the phone to determine mental health and substance use needs and will coordinate entry to Operation PAR program or refer to appropriate community-based services.

### *Pinellas Support Team (PST) operated by Children's Home Network*

- The PST provides behavioral health services including assessment, behavior modification, individual and family counseling, and tutoring for school-aged children (pre-k through 12) and their families who are experiencing difficulty at school due to behavioral issues. To make a referral contact 727.785.2762 ext 224 or email [ageler@childrenshomenetwork.org](mailto:ageler@childrenshomenetwork.org)

### *WestCare Gulf Coast Prevention Programs*

- Camp Mariposa is a year-round addiction prevention and mentoring program for youth ages 9-12 impacted by family experiencing substance use disorders.
- The program is no-cost but requires drop-off and pick-up on weekends.

### *Community Action Team (CAT) operated by PEMHS (Intercepts 1 and 5)*

- The CAT provides behavioral health services (intensive treatment in school, home or community settings) for youth/young adults aged 11-to-21 and their families.
- Eligible youth and young adults are those at risk of out-of-home placement because of mental health or co-occurring disorders and related complex issues for whom traditional services are not adequate.
- Services may include psychiatric evaluation, medication management, therapy (individual, group, and family), case management, mentoring, crisis intervention and 24/7 on-call support, in-school advocacy/coordination, tutoring, legal system advocacy/coordination, parenting support, skills and behavior modification for the entire family, family support network development, employment/vocational services, life skills development, and respite services.

### *At-Risk Intervention & Motivation (AIM)*

- AIM is a voluntary summer prevention program in Pinellas County, with the goal of preventing youth from entering the juvenile justice system.
- It provides education and community referrals for siblings of at-risk youth or youth involved in DJJ.

### Stop Now and Plan (SNAP) Operated by Family Resources

- Serves as a “front-end” resource to the Department of Juvenile Justice Office of Prevention, for at-risk youth ages 6-11 and their families.
- Each SNAP program provides high-risk youth and their families strategies to increase pro-social skills that will help the youth stay in school and out of trouble by making better choices throughout the 13-week program. Youth and their families participate in engaging activities such as group discussions, role-playing, interactive games and self-reflection to address topics including dealing with anger, learning how to cope and practice self-control, engaging in problem solving and learning not to bully and how to prevent bullying.

### *Safe Connections operated by Family Resources (Intercepts 0 and 5)*

- Safe Connection is an outreach program for runaway and homeless youth in Pinellas County to assess their immediate needs and provide services, while reviewing options for a more sustainable, safe lifestyle.
- Safe Connection Resource Center provides a drop-in center for homeless youth to access needed services that are imperative to their safety and survival.
- Services include meals, access to laundry facilities, wi-fi, and computer stations, comprehensive assessments and referrals.
- SafePlace2B is the youth homeless shelters and serves youth ages 10 to 17, as well as CINS/FINS youth (for respite/prevention).
- Services are available 24 hours a day, seven days a week in Clearwater, St. Petersburg, and Bradenton, FL.

### *Pace Center for Girls Pinellas (Intercepts 0 and 5)*

- Pace Pinellas operates a day program and targeted programming for girls. Pace’s center-based, day program provides year-round education, counseling and life skills training to offer a comprehensive and individualized experience for success for middle and high school aged girls.
  - Pace Center for Girls also serves as a prevention program for girls.
- Pace Reach Counseling Services Program provides free clinical behavioral and mental health services to girls and young women, ages 11-to-17, who reside in Pinellas and Hillsborough Counties. CINS/FINS youth are also eligible. Services are provided by licensed therapists.
- Pace Works is a vocational and education program to promote employability, vocational training and educational success of all girls enrolled in the Pace Center for Girls, Pinellas program.

### Child Welfare / Community-Based Care

#### Family Services Initiative

- The Family Services Initiative provides assistance for basic needs through a collaborative effort with the Juvenile Welfare Board, GCJFCS, and PEMHS and other community partners.

#### Family Support Services (FSS)

- At the time of the mapping Pinellas County recently (January 2022) transitioned to a new child welfare lead agency, FSS.
- FSS launched the Community Engagement Unit (active as of September 2022). The goal of the unit is to engage the community as it relates to the overall concept of community-based care. This unit helps the community identify the needs of the system

and how our partners strengths can help fill those needed areas

- In Circuit 6 (Pasco and Pinellas Counties), the following staff are on board: Director of Community Engagement, Community Engagement and Foster Care Recruitment Manager, Community Engagement Specialists, and Foster Care Recruitment Specialists.

### Strengths

- There is a large number of support services in Intercept 0 across community-based providers.
- FSS launched a Community Engagement Unit.

### Opportunities for Improvement

- There is a need for coordination of prevention/early intervention resources in Pinellas County.
- Conduct outreach to ensure that families know of available support resources.
- Increase awareness of available resources through social media campaigns, billboards, and other advertisements.
- Leverage implementation of 988 hotline to advertise available community support/intervention resources.
- There is a need for additional engagement and follow-up to ensure that warm hand-off to services is occurring.

**The remainder of this page left intentionally blank.**



## INTERCEPT 1—LAW ENFORCEMENT & EMERGENCY SERVICES

### Emergency Services and 911

#### 911

- If a youth is experiencing an apparent behavioral health crisis the Pinellas County Sheriff's Office is the first point of emergency contact and system response.

### Law Enforcement

#### **Sheriff's Office**

Pinellas County Sheriff's Office (PCSO)

#### **Municipal Law Enforcement**

St. Petersburg Police Department  
Clearwater Police Department (CPD)  
Largo Police Department  
Pinellas Park Police Department  
Tarpon Springs Police Department  
Pinellas County Schools Police Department  
Treasure Island Police Department  
Kenneth City Police Department  
Indian Shores Police Department  
Belleair Police Department

#### *Crisis Intervention Teams (CIT)*

- It is the goal of PCSO and CPD to be 100% CIT-trained.
  - CPD officers are required to have 2 years of experience before participating in CIT training.
- All school resource officers are trained in CIT.
- CIT training is facilitated by Directions for Living and occur monthly or bi-monthly.
- All law enforcement agencies are invited to attend.

#### PCSO Mental Health Unit

- The PCSO MHU is a co-response model. A PCSO deputy is paired with a crisis response specialist to respond to individuals in mental health crisis. The MHU can also be dispatched to a call when a deputy encounters an individual in crisis. The MHU will conduct follow-up after the initial call, as needed.
- The MHU has expanded to Clearwater Police Department (CPD) as well, with two officers assigned to the MHU.
  - The CPD MHU operates M-F on day and evening shifts.

#### *GCJFCS/St. Petersburg Police Community Assistance and Life Liaison (CALL) Response Team*

- The CALL Team is a law enforcement co-response model where emergency dispatchers will send social workers to certain calls for service including mental health crisis, suicide intervention, intoxication, drug overdose, truancy, homeless complaints, and neighborhood disputes. GCJFCS, in partnership with St. Petersburg Police Department leads a team of clinical staff and community navigators who are dispatched to non-violent, non-criminal calls to provide a therapeutic, wrap-around response.

#### *Directions for Living: Telehealth Remote Access to Crisis Evaluation (TRACE)*

- TRACE is a partnership between local Police Departments and Directions for Living that has been established to provide a behavioral health expert to respond to Pinellas



County citizens struggling with increased stressors, mental / emotional challenges, and family or personal matters. TRACE offers real-time mental health expertise, assessment, and guidance to officers and individuals in crisis via a tablet using the Zoom Tele-behavioral Health platform.

Crisis

**Table 3.**

*Summary of Baker Act and Marchman Act Calls Handled by Law Enforcement*

Month	Juvenile Baker Act Calls	Juvenile & Adult (Baker Act & Marchman Act)
October 2021	99	434
November 2021	59	349
December 2021	61	363
January 2022	75	425
February 2022	75	354
March 2022	31	392
<b>Total</b>	<b>400</b>	<b>2,317</b>

*Baker Act*

- When a law enforcement officer arrives to an incident involving a youth, the law enforcement officer must determine if the youth in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
  - Youth are transported in restraints.
  - All transports are provided by law enforcement officers.
- Youth are transported to PEMHS CCSU/JARF, the Baker Act receiving facility. If PEMHS is at capacity, youth are transported to BayCare.
- In FY19-20, there were approximately 2,156 involuntary examinations (18.79% of all exams) for children (USF Baker Act Reporting Center, 2022).

*PEMHS Children’s Crisis Stabilization Unit (CCSU); also referred to as Children’s Screening and Stabilization Unit (CSSU)*

- When youth arrive at PEMHS, they receive an initial assessment within 12 hours to determine if diversion is appropriate. They are assessed for service needs and referred to appropriate services.
- PEMHS has a 15-bed children’s unit. There are 14 Baker Act beds and one addictions bed (juvenile addictions receiving facility).
- When the children’s unit is at capacity, transport is coordinated with BayCare. The CCSU is often at capacity.

**Table 4.**  
*Summary of PEMHS CCSU / CSSU Admissions*

Month	Count (#)	Avg. Daily Census	Capacity	Avg. Length of Stay (days)	30-day Readmission Rate	Diversions to Lower Level of Care
October 2021	85	12	14	4.1	7.1%	2
November 2021	70	11	14	5.3	12.9%	2
December 2021	64	9	14	4.5	14.1%	5
January 2022	73	11	14	4.3	15.1%	1
February 2022	77	13	14	5.4	10.4%	2
March 2022	71	11	14	5	14.1%	3
<b>Total / AVG</b>	<b>440</b>	<b>11</b>	<b>14</b>	<b>4.8</b>	<b>12.3%</b>	<b>15</b>

Detoxification

*Marchman Act*

- PEMHS provides alcohol and substance abuse detoxification for youth under 18 years of age in a secure environment. If a youth is experiencing substance use problems, they may be transported by law enforcement to PEMHS.
  - There is only one CFBHN-funded JARF bed at PEMHS, but there is capacity to serve additional youth as needed.

Prearrest Diversion

*Juvenile Arrest Avoidance Program (JAAP) / Civil Citation (Intercepts 1 and 3)*

- The civil citation program is a “direct” diversion / alternative to arrest for all eligible youth who are accused of a first-time misdemeanor without the filing of an arrest affidavit.
- Upon arrest, law enforcement officers complete the Virtual Inmate Processing and Reporting (VIPAR) Affidavit to determine if the youth are eligible for JAAP.
  - This process has resulted in the highest diversion rates in the State of Florida.
- According to the Florida Department of Juvenile Justice Civil Citation Dashboard (2022), there was a 98-99% utilization rate of civil citations in Pinellas County compared to state average of 63% utilization rate.

**Table 5.**  
*Summary of Pinellas County Civil Citations*

Month	Eligible Youth	Youth Issued CC
October 2021	55	51
November 2021	36	36
December 2021	45	39
January 2022	37	31
February 2022	61	59
March 2022	72	69
<b>Total</b>	<b>306</b>	<b>285</b>

Strengths

- Pinellas County partners are in the development phase of a Coordinated Access Model (CAM) for the behavioral health system. The objectives of the CAM are to improve access to care, management of demand, transparency of information, minimize service duplication of intake services allowing for one initial intake that all agencies can utilize, and improve consistency in consumer experience. The CAM will strive to ensure effective and efficient utilization of community services and resources funded by the Pinellas Integrated Care Alliance (PICA), a collaboration including Pinellas County Government, Pinellas County Sheriff’s Office, Juvenile Welfare Board, Central Florida Behavioral Health Network, and the Department of Health in Pinellas.
- The Pinellas County JAAP/Civil Citation program is a model program across the state. It affords every child an opportunity for diversion. Using the VIPAR affidavit, every child is screened for pre-arrest diversion before transport to JAC.
  - VIPAR (Virtual Inmate Processing and Reporting System) was created by the Pinellas County Sheriff’s Office Information Systems and Analysis Department. VIPAR is an electronic arrest affidavit technology that eliminated the antiquated multi-page, handwritten arrest form. An arrested subject’s computerized arrest affidavit is completed in the field in VIPAR and sent electronically to the JAC and is there when the youth arrive.
- CIT training is prevalent within the county and the goal is to be 100% CIT trained.

Opportunities for Improvement

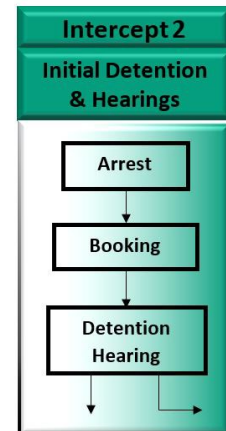
- Explore opportunities for formalizing warm hand-off following a Baker Act admission.
- There is potential to increase utilization of peer navigators.
- Leverage existing technology platform, Pinellas Wellness Connection. The Wellness Connection is a collaborative effort of community-based providers created to improve access to behavioral health services. It is aligned with a recovery-oriented system of care and serves as a virtual hub for service information.
- Explore need for development/implementation of First Episode Psychosis Program.

## INTERCEPT 2—INITIAL JUVENILE DETENTION SCREENING & HEARINGS

### Arrest and Booking

#### *Arrest/Taken into Custody*

- When a youth is taken into custody, law enforcement will notify the youth’s parents/guardians.
- Allied transport has a contract with PCSO to provide transport to the Juvenile Assessment Center (JAC).
  - St. Petersburg PD provides transport directly to JAC.
- The VIPAR affidavit must be completed before transport is initiated.
  - Handcuffs are utilized (with waistbelt in front).



**Table 6.**  
*DJJ Intake – Arrest Data*

Month	Total # of Arrests	# of youth arrested (unduplicated)	Of total arrests, # sent to secure detention
October 2021	195	167	38
November 2021	209	140	41
December 2021	254	143	49
January 2022	239	111	46
February 2022	208	88	50
March 2022	238	107	53
<b>Total</b>	<b>1,343</b>	<b>756</b>	<b>227</b>

#### *Juvenile Assessment Center (JAC) operated by Operation PAR*

- Upon arrival at the JAC, youth are searched by Allied Universal staff (private security employed at the JAC) and their property is logged by Operation PAR.
- Each youth receives an initial physical, mental health, and suicide assessment to be medically cleared.
- Following the initial screening, youth are placed in the day room to determine if they are diversion eligible.
  - If they are eligible for diversion, parents/guardians are notified, and the diversion process is initiated (booking stops, fingerprints and photos are not sent to FDLE).
  - If ineligible for diversion, charges are entered into the system and youth receives the following assessments (administered by DJJ during weekdays M-F 7am-11pm; Operation PAR administers during overnights, on holidays, and on weekends):
    - Suicide Risk Screening Instrument
    - Detention Risk Assessment Instrument (DRAI)
    - Massachusetts Youth Screening Instrument (MAYSI)
    - Global Appraisal of Individual Needs (GAIN) biopsychosocial
    - PREA: Prison Rape Elimination Act Screening/Questionnaire

- Human trafficking Screening Tool (HTST)
- Authority for Evaluation and Treatment Form (AET)
- In the day room, youth ages 11+ may receive a voluntary substance use assessment administered by Operation PAR.

**Table 7.**  
*Summary of MAYSI Screening (Mental Health / Substance Use)*

Month	# of MH/SUD screenings	MH Screening		SUD Screening	
		% pos	# pos	% pos	# pos
October 2021	120	78.3%	94	7.5%	9
November 2021	130	72.3%	94	9.2%	12
December 2021	164	59.1%	97	9.1%	15
January 2022	138	63.0%	87	10.9%	15
February 2022	135	68.1%	92	9.6%	13
March 2022	126	69.0%	87	20.6%	26
<b>Total / AVG</b>	<b>813</b>	<b>(AVG) 68.3%</b>	<b>551</b>	<b>(AVG) 11.2%</b>	<b>90</b>

Detention Hearing

- If youth meet the criteria for detention, then the hearing is held within 24 hours of arrest.
- The youth’s screening results are provided to the State Attorney’s Office and the Public Defender’s Office.
- Youth may be placed in secure detention or released to parents.
- Judge reviews probable case affidavit.
  - Only the MAYSI assessment is provided to the judge, not MH/SUD assessment.
  - Judge reviews the warrants/pickup orders and recommendation based on DRAI.
  - Parents/guardians are notified, and attorney is appointed.

Strengths

- Existing interagency agreement with Operation PAR, Inc., Department of Juvenile Justice, DCF, Family Resources, Public Defender, State Attorney, Pinellas County Schools, Pinellas County Sheriff’s Office and PEMHS demonstrates working relationship among community partners.
- Utilization of Allied (private transportation provider) to transport youth to the JAC allows law enforcement officers to remain on patrol.

Opportunities for Improvement

- Explore potential to integrate SUD screening to be conducted at the same time as the other assessments at the JAC.
- The JAC has difficulty connecting with parents and engaging with youth and families in follow-up upon release from the JAC.

## INTERCEPT 3—DETENTION & COURTS

### Pinellas County Juvenile Detention Center

#### *Health Services*

- Receipt of health services are dependent upon completion of an Authority for Evaluation and Treatment (AET) form. If the form is not/cannot be completed by the youth's guardian, the JPO is required to complete a diligent effort form. Once either the AET or diligent effort form is completed, the youth can receive physical/behavioral health services.
- A psychiatrist serves youth at the detention center once a week. Typically, they will only see youth on psychotropic medications.

#### *Detention Programs/Services*

- A typical day in secure detention would involve hygiene, meals, school, structured physical and educational activities, and court appearance as scheduled.
- Educational services are provided through Pinellas County School Board.
  - There is a short-term educational program for children that are detained pending court action.
  - The detention school program maintains communication with the child's home school, offers regular school courses, and reconnects the at risk or dropout youth to school and learning.
  - The detention center has multiple classrooms, computer labs and physical education.
- Services provided in detention center are AA/NA services, yoga/art activities, library, community services, and animal therapy.

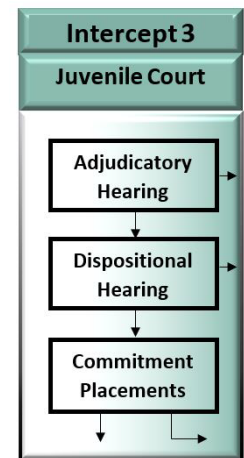
### Diversion Opportunities

#### *Juvenile Arbitration*

- Juvenile Arbitration is for first time juvenile offenders charged with a misdemeanor. Participants are scheduled for a hearing where sanctions are assigned. Sanctions may include restitution, a letter of apology, an essay assignment, school attendance and behavior improvements, counseling assessment,
- Follow-up hearings are scheduled six to eight weeks later to determine if the youth has met the requirements for avoiding a juvenile record.

There are several programs under juvenile arbitration, including:

- Juvenile Arrest Avoidance Program (JAAP) (See Intercept 1 for full description)
  - JAAP is a "direct" diversion program, which means that eligible cases are offered enrollment in diversion programs without the filing of an arrest affidavit. Therefore, a youth who successfully completes their diversion program can earn a non-arrest record on their charge.
- Teen Court
  - In the Teen Court program, youth are to assume responsibility for the offending behavior and to accept the consequences or punishment set by the peer court, students from various high schools in the community.
  - Juveniles who admit guilt are eligible for participation in Teen Court only one time and must have a parent/guardian at all proceedings.
  - At the hearing, sanctions are imposed by a group of the youth's peers.



- Sanctions may include counseling, community service, essays, letters of apology, jail or funeral home tours, gang awareness program, and education about conflict resolution, dropout prevention, theft prevention, substance use testing and pre-teen awareness.
- Pinellas County Traffic Teen Court
  - Traffic Teen Court serves youth who have certain criminal and non-criminal traffic offenses and traffic infractions.
  - Sanctions may include young driver educational programs such as Mothers Against Drunk Driving, maximum jail tours, medical examiner's awareness, law-related education, RID (Removing intoxicated Drivers), and community service.
- Truancy Teen Court
  - Truancy Teen Court serves youth who have established a pattern of non-attendance and unexcused absences (between 5-15 days). Students must be in middle school through 10th grade and ages 11 -16 (other students may be considered).
  - Truancy Teen Court operates in the same way as the standard Teen Court with hearings in a grand jury format.
  - Youth in the program are required to attend educational programs, counseling if appropriate and meet mandatory school attendance standards prescribed by the Teen Court jury.

*Juvenile Diversion Alternative Program (JDAP)*

- JDAP is a diversion program that provides case management, educational and vocational services, monitoring, and treatment/counseling for juvenile offenders who have been charged with their first- or second-time misdemeanor (with or without a history of prior adjudication) and certain first-time, 3<sup>rd</sup> degree felony offenders.
- The program typically lasts 2-4 months. Successful completion of the program is determined when the juvenile has completed each service and sanction requirement detailed in their case plan.
- The JDAP program is operated by BAYS through a contract with DJJ.

*Service & Treatment for Offender Prevention (STOP)*

- STOP serves juveniles who are repeat misdemeanor offenders and/or third-degree felony offenders (exclusive of third-degree felonies involving personal violence, auto theft, or the use of a weapon).
- Sanctions include community service, counseling, school attendance and/or gainful employment, and various individualized sanctions.
- In most cases, fulfillment of all sanctions avoids prosecution and a juvenile record.
  - When sanctions are not completed within 120 days, the hearing officer has discretion to continue the case or close it unsuccessfully.

*Evening Reporting Center (ERC) operated by One More Child – Hope Street*

- One More Child is a faith-based organization that operated the ERC.
- The ERC has two locations in Pinellas County (Clearwater and St. Petersburg) and provides services to all eligible youth and families regardless of religion.
- Hope for Boys is a mentorship program in partnership with DJJ as an alternative to secure detention. The program serves preteen boys with first or second-time offenses. Classes are convened at Bartholomew Center Monday through Thursday, 4pm-7pm.
- Hope for Girls is a mentorship program in partnership with DJJ as an alternative to secure detention. The program serves girls ages 12-17 involved in DJJ. Services



include mentoring, character development, community service opportunities, and arts & crafts skills. Classes are convened at the Bartholomew Center every 2nd and 4th Saturdays of each month from 10am to noon.

*Road to Success (RTS) operated by the Public Defender's Office (CJMHS A Reinvestment Grant program)*

- RTS is a voluntary diversion program supported by DCF CJMHS A Reinvestment Grant funding for youth and young adults ages 14-21 who have a mental health, substance use, and/or co-occurring disorder and are in or at risk of entering the delinquency or dependency systems (crossover youth).
- The program provides a support system through a multidisciplinary team approach including a forensic case manager, a master's level therapist, and a juvenile crossover attorney who assist with the youth's delinquency and dependency case.

Problem-Solving Courts

The Unified Family Court (UFC) coordinates multiple cases involving the same family to have them all heard before the same judge. All juvenile delinquency cases are heard under the Unified Family Court. Within the UFC, problem-solving courts and specialty dockets include:

*Juvenile Drug Court*

- Juvenile Drug Court is a diversion program for juveniles who have received misdemeanor and/or felony drug charges.
- Hearings are scheduled monthly to monitor progress of participants in the Juvenile Drug Court Program.
- Juveniles who successfully complete the program have their charges dismissed.

*Boys Court*

- Boys Court serves as a mentorship program for boys up to age 17 (aside from those charged with serious violent offenses).
  - Boys court is different from girls' court in that it is not actual court, but more of a time for speakers and Judge Pierce to motivate these boys to get out the delinquency cycle.
- Each youth admitted will undergo a behavioral evaluation and be assigned a mentor.
- Participants are required to attend school daily, avoid new charges, keep a journal of their daily activities, and meet all the other responsibilities assigned by the court.
- The sessions last one hour and occur every other Friday at the Pinellas County Justice Center in Clearwater.
- For Boys court there is a max of 8 in-custody defendants that can be served at any given time. If defendants, or others, are out of custody wish to participate there is no max.

*Girls Court*

- The goal of Girls Court is to increase rehabilitation for girls involved with the juvenile court through participation in treatment and community service.
- Participants and their parents or guardians are required to attend court proceedings on a monthly basis. Brief information sessions on topics such as teen pregnancy prevention, domestic violence prevention, substance abuse, and healing from trauma are periodically offered.
- Participants meet the behavioral health evaluation team to review their individual and family situations and receive recommendations on treatment interventions and referrals to community providers as needed.

- Girls Court is scheduled on the regular Delinquency court calendar and has no established maximum capacity.

*Family Dependency Treatment Court*

- Family Dependency Treatment Court utilize a multidisciplinary approach to serve families with substance use disorders who are involved in the child welfare system.

Dispositional Options

Dispositional options include Walker Plans, Probation – Supervision, and Commitment

- Walker Plans are agreements between the State Attorney, the youth, and their parent(s)/guardian(s) where the State Attorney agrees to dismiss charges against the youth in exchange for the juvenile’s successful completion of a set of requirements. Youth under Walker Plans are supervised by the JDAP/JAAP programs, but Walker Plans are not considered diversion because they are implemented post-filing.
- Probation-Supervision is the status of a delinquent youth placed on community supervision. Youth are supervised by a Juvenile Probation Officer (JPO) based on the order of the court.
- Commitment is when a youth is placed in a program for delinquent youth defined by Florida Statute. These programs range from non-residential minimum-risk to residential non-secure to maximum restrictiveness levels.
- Youth released from residential commitment are placed on Conditional Release (CR) or Post Commitment Probation (PCP) and are enrolled in an aftercare program as part of their sanctions.
  - Post-commitment probation: A youth who has been legally transferred from commitment status to probation status.
  - Conditional Release: A youth who has been released from a residential commitment program, but remains on commitment status and is subject to transfer back to a residential commitment if non-compliant with probation sanctions.

**Table 8.**  
*Summary of Juvenile Court Disposition*

Month	Diverted (#)	Probated (#)	Transfer to adult court (#)	Committed (#)
October 2021	22	30	7	5
November 2021	36	31	5	5
December 2021	36	32	4	4
January 2022	19	36	4	10
February 2022	35	33	5	13
March 2022	35	44	9	10
<b>Total</b>	<b>183</b>	<b>206</b>	<b>34</b>	<b>47</b>

## Strengths

- There is robust array of diversion programs for youth involved in the juvenile justice system. Diversion services works to shift youth among programs when appropriate to serve the greatest number of youth possible.
- Youth with an Individualized Education Plan (IEP) have access to services in detention.
- Telehealth is an available resource in detention, however, may not be utilized to full potential.

## Opportunities for Improvement

- There is a gap in mental health services for youth in secure detention waiting to be adjudicated.
- Explore opportunity to formalize process to connect youth to their provider while in detention if they were receiving services prior to arrest.
- Outline program eligibility for each court program to determine if there is opportunity to expand eligibility to increase utilization of programs that have available capacity to serve additional youth.
  - JDAP often operates on a waitlist. At the time of the mapping, JDAP had the capacity to serve 130 youth. There were 30 youth on the waitlist.

## INTERCEPT 4—REENTRY

### Reentry/Discharge Planning

#### *Release from Secure Detention*

- Upon release from secure detention, there is not a formal discharge process.
- However, an appointment with the juvenile probation officer is scheduled prior to discharge.
- The youth may be provided a 30-day prescription from the psychiatrist, as well as any remaining medications during the stay.

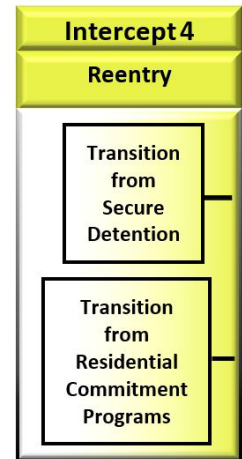
**Table 9.**  
*Youth Referred for Further Assessment*

Month	# Youth Referred
October 2021	28
November 2021	31
December 2021	29
January 2022	31
February 2022	37
March 2022	30
<b>Total</b>	<b>186</b>

*Of arrests resulting in secure detention, this table reflects the number of youth referred for further assessment based on MAYSI or override.*

#### *Release from DJJ Residential Commitment Programs*

- The DJJ Community Reentry Team (CRT) is a collaborative team including the youth, family and/or guardian, schools, community providers, treatment program in which youth is enrolled and any other service providers the youth may have contact with. The team meets 60 days prior to a youth's reentry (90 days for sex offenders) into the community to plan the transition, connect youth with services, and apply for benefits etc.



**Table 10.**  
*Youth with MH/SUD Receiving Reentry Coordination*

<b>Month</b>	<b>Total # released from residential commitment</b>	<b># receiving transition services</b>	<b>% receiving transition services</b>
October 2021	4	1	25.0%
November 2021	2	0	0.0%
December 2021	6	3	50.0%
January 2022	3	2	66.7%
February 2022	7	5	71.4%
March 2022	8	2	25.0%
<b>Total / AVG</b>	<b>30</b>	<b>13</b>	<b>(AVG) 39.7%</b>

*Only youth exiting residential commitment receive formalized reentry/transition services.*

*Reentry From Statewide Inpatient Psychiatric Program (SIPP)*

- Targeted case management and a 30-day supply of medications is provided for youth reentering the community from SIPP placement.
- Presence of a SIPP application prohibits CAT involvement.

*Treatment Works operated by Directions for Living and Pinellas County Schools*

- Treatment Works is an intensive therapy services program for all students served by the Pinellas County School System who have been identified via the Pinellas County School Systems District Threat Assessment Team to be in need of intensive services.
- Services include case management and counseling and will be provided primarily in the home.
  - Each family participates in an interdisciplinary team staffing meeting with PCS every 15 days while in the program.

*Hospital Homebound Program*

- A homebound or hospitalized student is a student who has a medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persisting medical problem and that confines the student to home or hospital and restricts activities for an extended period of time (the corresponding definition is found in State Board of Education Rule 6A-6.03020, Florida Administrative Code).

Strengths

- There is an opportunity to engage PEMHS system navigator upon reentry.

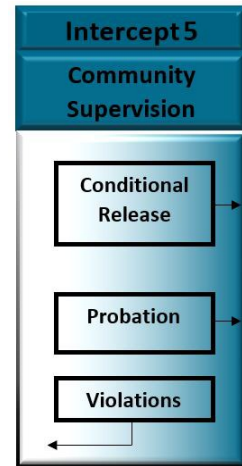
Opportunities for Improvement

- There is not a formalized discharge/transition planning process for all youth reentering community from secure detention.
- CRT has difficulty determining where a youth may be going to school upon reentry to the community but may be able to address through connecting with school district.
- Explore opportunity to engage NAMI at CRT meeting.
- Explore STRIVE as an alternative to virtual school (VS not successful for target pop.).

## INTERCEPT 5—COMMUNITY SUPERVISION

### Community Supervision/Conditional Release

Probation is a supervision program created by law, which is ordered by the court in cases involving a youth who is found to have committed a delinquent act. Probation is a legal status in which the freedom of the youth is limited, and the youth's activities are restricted in lieu of commitment to the custody of the Department of Juvenile Justice (DJJ). For youth with mental health and substance use needs, DJJ probation refers for services through community-based and contracted providers. Contracted providers include, but are not limited to Operation PAR, Chrysalis, and Eckerd Connects. The JPO provides support, needs assessment/referrals, and follow-up within 30 days of placement on probation or conditional release. The assessment of youth is not a one-time event, but an ongoing process. While on probation, youth are reassessed at a minimum of once every 180 days, following which the JPO updates the youth's risk and needs assessment to ensure that results are reflective of the youth's status, including changes in behavior and progress.



**Table 11.**  
*Summary of Juvenile Probation Data*

Month	Total Youth on Probation	# Youth on Probation with MH	% Youth on Probation with MH	Probation Revocation Rate of All Probationers		Probation Revocation Rate of Probationers with MH	
				#	%	#	%
October 2021	5,613	748	13.3%	4	0.1%	1	0.1%
November 2021	5,522	724	13.1%	2	0.0%	1	0.1%
December 2021	5,456	717	13.1%	5	0.1%	1	0.1%
January 2022	5,447	725	13.3%	4	0.1%	1	0.1%
February 2022	5,436	716	13.2%	5	0.1%	1	0.1%
March 2022	5,539	733	13.2%	6	0.1%	3	0.4%
<b>Total / AVG</b>	<b>5,502</b>	<b>727</b>	<b>13.2%</b>	<b>26</b>	<b>0.1%</b>	<b>8</b>	<b>0.2%</b>

## Court-Mandated Transition Programs

### *Eckerd Connects*

- Eckerd Connects partnered with the local county school districts of Pinellas and Polk Counties to serve as a DJJ Alternative School.
- Strive Academy is a day treatment program serving youth ages 12-19 who are on probation, post commitment probation, conditional release, or minimum risk commitment and who are assessed as moderate-high or high-risk to reoffend.
  - This school model offers an array of services and interventions tools such as Academic/Educational Assistance, Life Skills and Self-Sufficiency Training, Employability Skills and Career Exploration, Evidence Based Interventions, Mental Health & Substance Abuse Treatment, Case Management with an emphasis on family engagement, transition & Aftercare Planning, and Transportation.
- Project Bridge provides transitional services to youth ages 11-21 reentering the community from residential commitment programs. Services include education, mentoring, vocational and transportation.

### *Youth Advocate Programs, Inc. (YAP)*

- YAP serve youth and families involved in the child welfare and juvenile justice systems.
- YAP supports prevention services to youth ages 6-to-17 who have not been adjudicated delinquent and are not currently under the supervision of the Florida Department of Children and Families.
- YAP also supports a 10-week program for youth that have been charged with a domestic violence offense and/or are currently on probation
- YAP provides assistance with transportation, shelter, food, and court appearances.

### *Habitual Offender Monitoring Enforcement (H.O.M.E) Navigation operated by PEMHS in collaboration with PCSO and the JWB*

- H.O.M.E Navigators provide intensive wraparound case management for youth involved in DJJ (and their families) who have five or more felonies and are referred by their JPO or H.O.M.E. Taskforce.
- The H.O.M.E. navigators will partner with the youth and parent to create a support plan and families and youth will have access to services including mental health, financial assistance, financial literacy, youth and adult employment programs, child care, and emotional support.

## Community Services

*Mobile Response Team (MRT) operated by PEMHS (Intercepts 0 and 5; see Intercept 0 for full description.)*

*Community Action Team (CAT) operated by PEMHS (Intercepts 0, 1, and 5)*

- The CAT provides behavioral health services (intensive treatment in school, home or community settings) for youth aged 11-to-21.
- Eligible youth are those at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not adequate.
- Services may include psychiatric evaluation, medication management, therapy (individual and family), case management, mentoring, crisis intervention and 24/7 on-call coverage/support, educational system advocacy/coordination, tutoring, legal system advocacy/coordination, parenting skills/ behavior modification, family support network development, employment/vocational services, life skills development, and respite.

### *Family Resources*

- Family Resources provides crisis counseling, safe shelter, and respite for runaway and homeless teens.
- There is a no-cost after school enrichment and summer program for youth ages 6-14 as well as free bus transportation to the program from local schools with snacks provided during the day.
- The Child Care Food Program provides meal reimbursements to enrolled licensed family childcare providers who are providing nutritious, well-balanced meals to the children in their care.
- The Safe2B-You&Me program is offered to teens ages 15 to 18 in Pinellas and Manatee counties. Classes are free of charge and facilitators will travel to schools and community groups to lead each lesson.

### *Safe Connections operated by Family Resources (Intercepts 0 and 5)*

- Safe Connection is an outreach program for runaway and homeless youth in Pinellas County to assess their immediate needs and provide services, while reviewing options for a more sustainable, safe lifestyle.
- Safe Connection Resource Center provides a drop-in center for homeless youth to access needed services that are imperative to their safety and survival.
- Services include meals, access to laundry facilities, wi-fi, and computer stations, comprehensive assessments and referrals.
- SafePlace2B is the youth homeless shelters and serves youth ages 10 to 17, as well as CINS/FINS youth (for respite/prevention).
- Services are available 24 hours a day, seven days a week in Clearwater, St. Petersburg, and Bradenton, FL.

### *Pace Center for Girls Pinellas (Intercepts 0 and 5)*

- Pace Pinellas operates a day program and targeted programming for girls. Pace's center-based, day program provides year-round education, counseling and life skills training to offer a comprehensive and individualized experience for success for middle and high school aged girls.
  - Pace Center for Girls also serves as a prevention program for girls.
- Pace Reach Counseling Services Program provides free clinical behavioral and mental health services to girls and young women, ages 11-to-17, who reside in Pinellas and Hillsborough Counties. CINS/FINS youth are also eligible. Services are provided by licensed therapists.
- Pace Works is a vocational and education program to promote employability, vocational training and educational success of all girls enrolled in the Pace Center for Girls, Pinellas program.

### *Second Chance Life Skills (SCLS)*

- SCLS provides after school tutoring for students K-12. Educational staff are certified teachers and experienced educators.
- Next Generation program educates and equips participants through hands on experience with job market and social skills.
- Yes This Girl Can program is a mentor based education program to foster positive self-image and character.
- Additional programming includes arts such as creative writing and piano and Technology as a Tool program.



## Peer Support

### *National Alliance for Mental Illness (NAMI) Pinellas*

- Evolve is a six-session peer-led, mental health education program to empower youth in middle and high school. The course aims to build understanding of key mental health and recovery concepts.
- NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness.
- Peers in Recovery Mentorship Training Program was created as a part of the Children's Mental Health System of Care (SOC) sustainability project in partnership with CFBHN, PEMHS and NAMI Pinellas.
  - Peers in Recovery prepares individuals to be proficient in all Florida Certification Board peer specialist core competencies through a combination of in-person learning and volunteer experiences.
  - It was created to enhance the recovery of individuals in treatment by linking them with individuals who have similar life experiences and have been in recovery for a minimum of 2 years.

### *Youth MOVE Pinellas*

- Youth MOVE is a youth-driven, chapter-based organization dedicated to improving services and systems that support positive growth and development by uniting individuals who have lived experience in various systems such as behavioral health, juvenile justice, and child welfare.
- Youth MOVE Pinellas convenes monthly meetings and peer support groups (both online and in person).

## Employment and Vocation

### *Ready for Life*

- Ready for Life supports youth ages 15-25 years old that are in foster care or transitioned out of foster care. They provide support relating to life skills, vocation/employment, education, and homelessness prevention.
- Ready for Life youth specialists assist displaced former foster youth in exploring potential housing solutions.
- Ready for Jobs is a career readiness certification program where each youth is matched with a job coach and through workshops will teach soft skills, interview skills, dress for success and etiquette.

### *Supported Work Intervention operated by YAP*

- YAP provides participants with opportunities to develop job skills and positive work habits through transitional job experience and workforce development for youth with complex needs, that may lead to long-term employment.

### *CareerSource Pinellas*

- CareerSource offers employment assistance for older youth ages 17-24, who do not have a felony record.
- Youth Connect is a specialty program that provides guidance, support, financial assistance with vocational and academic training, work readiness and job placement services to low-income youth.
  - Eligible people are aged 18 to 24 who have dropped out of school, are ex-offenders, in foster care, homeless, pregnant, parenting, unemployed or underemployed and/or are basic-skills deficient.

### *Pinellas County Job Corps*

- Pinellas County Job Corps helps eligible young people ages 16 through 24 complete their high school education, trains them for meaningful careers, and assists them with obtaining employment.
- Job Corps is a U.S. Department of Labor Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities.

### Strengths

- Substantial network of youth peer and wraparound support services

### Opportunities for Improvement

- There is a need for additional housing supports for the target population of youth.
- Explore opportunity to leverage Wraparound for youth and their families upon reentry to the community.

**The remainder of this page left intentionally blank.**

## PINELLAS COUNTY PRIORITIES FOR CHANGE

At the end of the mapping on day one, priority areas are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote, where each participant has three votes. Participants are not allowed to vote for the same priority more than once. The voting took place by way of an online survey on July 22, 2022. As a result of day one discussions, 12 goals/priorities emerged. Only the top five of the 12 goals are addressed in the action plan, as they were voted most important by the group. However, the entire list is presented below to guide future planning efforts. Two of the top five were combined, for a total of four priorities (presented on the following page).

**Table 12.**  
*Priority Voting Survey Results*

Priority Area / Goal	Votes
<b>Need for family navigator/boundary spanners to navigate prevention/early intervention services (Intercept 0)</b>	<b>14</b>
<b>Community awareness (family knowledge of services; awareness of resources ahead of time)</b>	<b>13</b>
<b>Parent and family engagement in treatment services and follow-up/follow-through</b>	<b>12</b>
<b>Targeted mapping of all diversion programs, eligibility criteria, capacity for each program to promote awareness of available diversion resources (e.g. JAAP, JA, JA STOP, JDAP)</b>	<b>8</b>
<b>Inventory of existing High Fidelity Wraparound providers and capacity in the community to determine need for additional funding/needs</b>	<b>7</b>
Central receiving facility (e.g. Orange County)	6
Expand case management support for families throughout system	5
Leverage existing youth peer support/family peers services through NAMI and Youth MOVE chapter	3
Streamline JAC screening process, explore opportunities to conduct all screenings at one time to prevent screening fatigue	4
Need for additional supportive housing options for target population of youth	5
Convene conversation with PEMHS and Pinellas County Schools regarding education for youth in Baker Act facility for extended period of time (e.g. awaiting SIPP placement)	3
Review community resources and operating hours to ensure they align when youth are accessing services (e.g. after school, on weekends, during summer)	2

# PINELLAS COUNTY ACTION PLAN

## ACTION PLANNING PROCESS

On day two, the stakeholders were split into Zoom breakout groups to create tasks/objectives and performance measures/action steps for each goal/priority area identified. Each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion.

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. Where possible, the plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks. The Action Plan is recommended to be a “living” document that is reviewed and updated periodically as tasks are achieved and assigned individuals and timelines are determined.

The Action Plan is presented on the following pages encompassing the following goals/priorities:

1. Need for family navigator/boundary spanners to navigate prevention/early intervention services (Intercept 0) (FSS indicated progress towards this goal) / Parent and family engagement in treatment services and follow-up/follow-through.
2. Community awareness (family knowledge of services; awareness of resources ahead of time).
3. Targeted mapping of all diversion programs, eligibility criteria, capacity for each program to promote awareness of available diversion resources (e.g. JAAP, JA, JA STOP, JDAP).
4. Inventory of existing High Fidelity Wraparound providers and capacity in the community to determine need for additional funding/needs.

# Pinellas County Action Plan

## Goal 1: Parent and Family Engagement in Treatment Services & Use of Family Navigator/Boundary Spanners to Navigate Prevention/Early Intervention Services

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 1.1: Increase parent and family engagement through transparent system navigation.</b>				
1.1a	Define roles and responsibility of a system navigator (SN) and/or Peer Navigator (PN) position(s).	<ul style="list-style-type: none"> <li>To identify and engage current groups who have SNs, PNs, or similar positions</li> <li>To create the SN/PN job descriptions and define roles.</li> <li>To determine if Florida Certification Board training criteria to become certified as a peer is appropriate for SN/PN roles</li> </ul>	<ul style="list-style-type: none"> <li>PEMHS</li> <li>NAMI</li> <li>DFL</li> <li>HOME</li> <li>NOS</li> <li>FSS</li> </ul>	6-12 months
1.1b	Explore training models for system navigator position and create a list of appropriate courses.	<ul style="list-style-type: none"> <li>To explore existing SN training models</li> <li>Create list of appropriate courses/develop standard training guidelines and qualifications.</li> </ul>	<ul style="list-style-type: none"> <li>USF</li> <li>DFL</li> <li>BayCare (MHFA)</li> <li>CFBHN</li> <li>NAMI</li> </ul>	6-12 Months
1.1c	Identify SN/PN home agencies and begin hiring for SN/PN positions.	<ul style="list-style-type: none"> <li>To explore integrating current “first touch point” with an organization into the SN role/ or tasks</li> <li>To educate the SOC of the roles of the SN</li> <li>To identify and hire qualified candidates.</li> <li>To create job opportunities for successful program participants through system navigator positions (advertise positions for individuals with lived experience/peers)</li> <li>To manage expectations and support families until connection/appointment can be attended</li> </ul>	<ul style="list-style-type: none"> <li>DFL</li> <li>CFBHN</li> <li>NAMI</li> <li>PEMHS</li> <li>FSS</li> </ul>	12-24 months

Task	Performance Measure	Lead Person or Organization	Projected Completion Date	
<b>Objective 1.2: Create safe spaces and a process for youth to give feedback on a continuous loop.</b>				
1.2a	Create safe spaces to increase trust and feedback and provide opportunities to offer quarterly feedback from consumers/youth who are receiving care.	<ul style="list-style-type: none"> <li>• To identify current capacity and offerings of drop-in centers</li> <li>• To create agenda for feedback loop (agenda to include- Quality of services, satisfaction, gaps in services/needs, education on additional resources.)</li> <li>• To increase use of Client Advisory Board</li> <li>• To leverage existing JEDI peers</li> <li>• To take index of the groups such as “not my son” groups in communities throughout the county.</li> </ul>	<ul style="list-style-type: none"> <li>• DJJ</li> <li>• CFBHN</li> <li>• NAMI</li> <li>• PEMHS</li> <li>• FSS</li> </ul>	12-18 months

**Goal 2: Community & Public Awareness / Family Engagement**

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 2.1: Increase awareness and education of prevention and early intervention services.</b>				
2.1a	Empower families to identify/continue with a primary care physician / medical home beyond early years.	<ul style="list-style-type: none"> <li>To distribute resources to families upon school enrollment (e.g., primary care)</li> <li>To assist families with identifying a pediatrician or medical home</li> </ul>	<ul style="list-style-type: none"> <li>PCSB</li> <li>DJJ</li> <li>DOH</li> </ul>	6-12 Months
2.1b	Centralize information to include eligibility criteria and process for referring/connecting families to prevention and intervention services	<ul style="list-style-type: none"> <li>To administer satisfaction surveys to parents/caregivers</li> <li>To conduct a “secret shopper” exercise to learn how well services/connection are working</li> <li>To create an inventory of current and updated information to ensure services exist</li> </ul>	<ul style="list-style-type: none"> <li>DJJ</li> <li>CFBHN</li> <li>FSS</li> </ul>	6-12 Months
<b>Objective 2.2: Enhance outreach efforts.</b>				
2.2a	Connect with other communities across the state to learn how resources are being shared with specific populations	<ul style="list-style-type: none"> <li>To connect with USF to facilitate coordination of outreach efforts</li> <li>To distribute information about available resources and how to access (phone numbers, websites, etc.) into the communities where people live and work (e.g., churches, food pantries, clinics, child care centers).</li> <li>To organize community information walks</li> </ul>	<ul style="list-style-type: none"> <li>USF</li> <li>CFBHN</li> <li>DJJ</li> <li>NAMI</li> <li>JWB</li> <li>211</li> <li>PCSB</li> </ul>	12-18 months

**Goal 3: Targeted Mapping of all Juvenile Diversion Programs**

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 3.1: Organize activities to conduct targeted mapping of Pinellas County Diversion Programs</b>				
3.1a	Survey local law enforcement agencies regarding agency-specific/local diversion programs.	<ul style="list-style-type: none"> <li>To capture new/in-development diversion programs at the local law enforcement level</li> <li>To identify eligibility criteria for programs</li> <li>Outline needs/gaps in programs</li> <li>Specify the capacity of each program</li> </ul>	<ul style="list-style-type: none"> <li>PCSO</li> <li>Juvenile Arbitration</li> <li>DJJ</li> </ul>	6-12 months
3.1b	Survey community-based providers regarding programs with services/eligibility in alignment with statewide requirements for juvenile pre-arrest diversion programs.	<ul style="list-style-type: none"> <li>To capture potential C-B options for building out of capacity for pre-arrest diversion</li> <li>To identify eligibility criteria for programs.</li> <li>To outline needs/gaps in programs</li> <li>To specify the capacity of each program</li> </ul>	<ul style="list-style-type: none"> <li>PCSO</li> <li>Juvenile Arbitration</li> <li>Operation PAR</li> <li>DJJ</li> </ul>	6-12 months
3.1c	Develop stakeholder plan for information sharing regarding diversion options as well as for disseminating information to clients and their families/the community.	<ul style="list-style-type: none"> <li>To identify key stakeholder groups for information sharing</li> <li>To create/advertise media/website pages for community awareness</li> <li>To convene meeting with Community Awareness group and system navigators</li> </ul>	<ul style="list-style-type: none"> <li>PCSO</li> <li>Juvenile Arbitration</li> <li>Operation PAR</li> <li>DJJ</li> </ul>	12-18 months
3.1d	Create a comprehensive diversion program mapping document for use/distribution by stakeholders and community awareness.	<ul style="list-style-type: none"> <li>To complete a mapping document with eligibility criteria and capacity information</li> </ul>	<ul style="list-style-type: none"> <li>PCSO</li> <li>Juvenile Arbitration</li> <li>DJJ</li> </ul>	18-24 months



**Goal 4: Increase the capacity for High Fidelity Wraparound (HFW) in Pinellas County.**

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 4.1: Interview existing HFW programs to gather lessons learned.</b>				
4.1a	Conduct outreach to learn about to how other areas provide HFW services and how they are funded.	<ul style="list-style-type: none"> <li>To conduct outreach to Duval and Orange counties who have existing HFW programs                             <ul style="list-style-type: none"> <li>Engage with USF CJMHSA TAC for contact info</li> </ul> </li> <li>To connect with National Center for Innovation and Excellence regarding HFW training certifications</li> </ul>	<ul style="list-style-type: none"> <li>DJJ</li> <li>Fawn Moore (FSS)</li> <li>USF CJMHSA TAC</li> </ul>	6-12 months
4.1b	Inventory/engage community agencies currently providing HFW to provide mentorship to agencies who would like to begin practicing this model	<ul style="list-style-type: none"> <li>To identify if specific agencies will participate in mentorship opportunities with other community providers/organizations</li> <li>To determine who will be lead and connect the exchanges (identify a community champion of HFW)</li> </ul>	<ul style="list-style-type: none"> <li>CFBHN</li> <li>211</li> <li>DJJ</li> <li>JWB</li> <li>PCSB</li> <li>DCF</li> </ul>	6-12 months
<b>Objective 4.2: Conduct inventory of HFW trainers and providers within Pinellas County to identify need for expansion/training.</b>				
4.2a	Identify need for trainers in the community to increase capacity.	<ul style="list-style-type: none"> <li>To conduct an inventory of existing HFW trainers in Pinellas County (CFBHN-2 trainers, DFL-1 trainer, NAMI- 1 trainer)</li> <li>To identify process and timeline for training engagement/completion.</li> </ul>	<ul style="list-style-type: none"> <li>CFBHN Consumer Affairs Department</li> </ul>	6-12 months
4.2b	List providers who have capacity to provide HFW services.	<ul style="list-style-type: none"> <li>To connect with CFBHN for list of existing HFW providers</li> <li>To create a document with community-wide trainers and providers (who gathers info, where held, update)</li> </ul>	<ul style="list-style-type: none"> <li>CFBHN Consumer Affairs Department</li> <li>211</li> <li>DJJ</li> <li>JWB</li> <li>PCSB</li> <li>DCF</li> </ul>	6-12 months

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 4.3: Increase understanding of how an agency can initiate HFW services (knowing the steps to start services).</b>				
4.3a	Research Medicaid requirements, need in the county, interested agencies and potential trainees/trainers.	<ul style="list-style-type: none"> <li>To speak with CFBHN Consumer Affairs Department.</li> <li>To develop a summary document with relevant information</li> </ul>	<ul style="list-style-type: none"> <li>CFBHN Consumer Affairs Department</li> </ul>	6-12 months
4.3b	Approach leadership of agencies wanting to start HFW programs and of those doing it already and are wanting to increase capacity.	<ul style="list-style-type: none"> <li>To present opportunities to current agencies funded by JWB, DCF, and Pinellas County to become HFW</li> <li>To conduct a survey to gather information about interested agencies</li> </ul>	<ul style="list-style-type: none"> <li>JWB</li> <li>DJJ</li> </ul>	6-12 months
<b>Objective 4.4: Determine availability of HFW services for children that do not meet eligibility and/or do not have the “right” insurance.</b>				
4.4a	Gather information on efficacy and need in the community and to present to county, state and national funders.	<ul style="list-style-type: none"> <li>To identify specific agencies to seek funding, become lead agency</li> </ul>	<ul style="list-style-type: none"> <li>JWB</li> <li>DJJ</li> <li>CFBHN Consumer Affairs Department</li> </ul>	6-12 months
4.4b	Explore grant opportunities to support HFW for youth who do not qualify for HFW currently due to eligibility requirements, gaps in funding, and insurance barriers.	<ul style="list-style-type: none"> <li>To identify grant opportunities</li> <li>To identify partners to engage and collaborate in seeking grants and developing services</li> <li>To present data related to need and efficacy of services</li> </ul>	<ul style="list-style-type: none"> <li>DCF</li> <li>DJJ</li> </ul>	6-12 months

## QUICK FIXES / LOW-HANGING FRUIT

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are changes that can be implemented with only minimal investment of time and little, if any, financial investment. At the same time, quick fixes can have a significant impact on the trajectories of youth with mental health and substance use disorders in the justice system. The bulleted items below are activities identified by the TAC that appear to be a “quick fix” that may be explored in addition to implementation of the action plan.

- Mapping of diversion programs
- Streamline screening/assessment process at JAC

## PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the “parking lot”. Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in Pinellas County for further discussion include:

- Education services for youth in Baker Act facility (long-term, awaiting SIPP placement)

## RECOMMENDATIONS

The Pinellas County Juvenile Sequential Intercept Mapping Workshop demonstrated system-wide collaboration across intercepts (as evidenced by numerous MOUs and interagency agreements) and a resource-rich community with a variety of programming for the target population. Pinellas County is a leader in the state with the utilization of Civil Citations (JAAP) for diversion through the use of the VIPAR affidavit. Moreover, there is infrastructure in place to collect system-wide data through the Pinellas County Data Collaborative project. A transition to a new community-based care provider in the community, FSS, will also bring additional support to the target population. FSS has a number of initiatives in development to address some of the needs identified during the SIM including development of a Community Engagement Team.

Additionally, the county and partners are working towards a Coordinated Access Model for behavioral health system. The CAM will strive to ensure effective and efficient utilization of community services and resources funded by the Pinellas Integrated Care Alliance (PICA), a collaboration including Pinellas County Government, Pinellas County Sheriff's Office, Juvenile Welfare Board, Central Florida Behavioral Health Network, and the Department of Health in Pinellas. Lastly, it was evident that there is an existing network of NAMI programming including a Youth MOVE chapter. These are just a few of the notable strengths identified during the two-day mapping.

These strengths presented throughout the system can be leveraged to address the recommendations presented below. Throughout the mapping, the TAC team embeds best practice recommendations and additional suggestions that the community can explore to enhance their systems. In addition to addressing the priorities identified through participant vote, the USF CJMHS TAC recommends the following actions:

1. Conduct an inventory of screening and assessment throughout the juvenile system and determine if there is a collaborative approach to limit assessment/screening fatigue as well as enhance data-sharing across providers/intercepts.
2. Explore opportunities to enhance continuity of care for youth in secure detention through formalizing provider access to the detention center (MOU).
  - a. Explore barriers identified during intake process that disqualify youth for receiving mental health services (those waiting to be adjudicated).
3. Convene a discussion of insurance limitations to address barriers to service access.
  - a. Engage TAC to host a Medicaid Lunch & Learn to discuss Medicaid Plans and coverage.
  - b. Engage Medicaid plans in care discussions.
4. Convene a limited care coordination or integration subcommittee to determine existing MOUs and processes that should be in place, so youth are not lost in transition of care. An integration subcommittee may discuss funding and potential for collaborative funding proposals to meet multiagency needs.
  - a. Consider exploring closed-loop-referral processes to facilitate care transfer, including review of case study successes from:
    - i. ["Closing-the-Loop"](#) – Practice Spotlight on Closed Loop Referrals (American College of Physicians, n.d.)

- ii. [Transitions of Care: Closed Loop Referrals](#) (Massachusetts Health Information Highway, 2020)
5. Throughout the SIM, it was expressed that there was a widespread need to increase parent engagement.
  - a. Consider the use of parent partners with lived experience in DJJ/CW systems to support parents and reduce resistance/burnout with system involvement.
    - i. Review the [Parent Partner Program Navigator model](#).
  - b. Consider the development of parent orientation as part of JAC intake to set expectations and begin building relationships with parents/family members.
6. Ensure informal opportunities exist to highlight existing programs through organizational networks (e.g. newsletters, direct emails to staff, cross agency lunch and learns). This will increase awareness of existing services and eliminate underutilization and/or duplication of existing programs.

The CJMHSA TAC is available for consultation as Pinellas County explores the implementation of their action plan and any best practices or resources named in this report. For more information on available services through the TAC, please visit the USF CJMHSA Technical Assistance Center website at [www.floridatac.org](http://www.floridatac.org).

For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

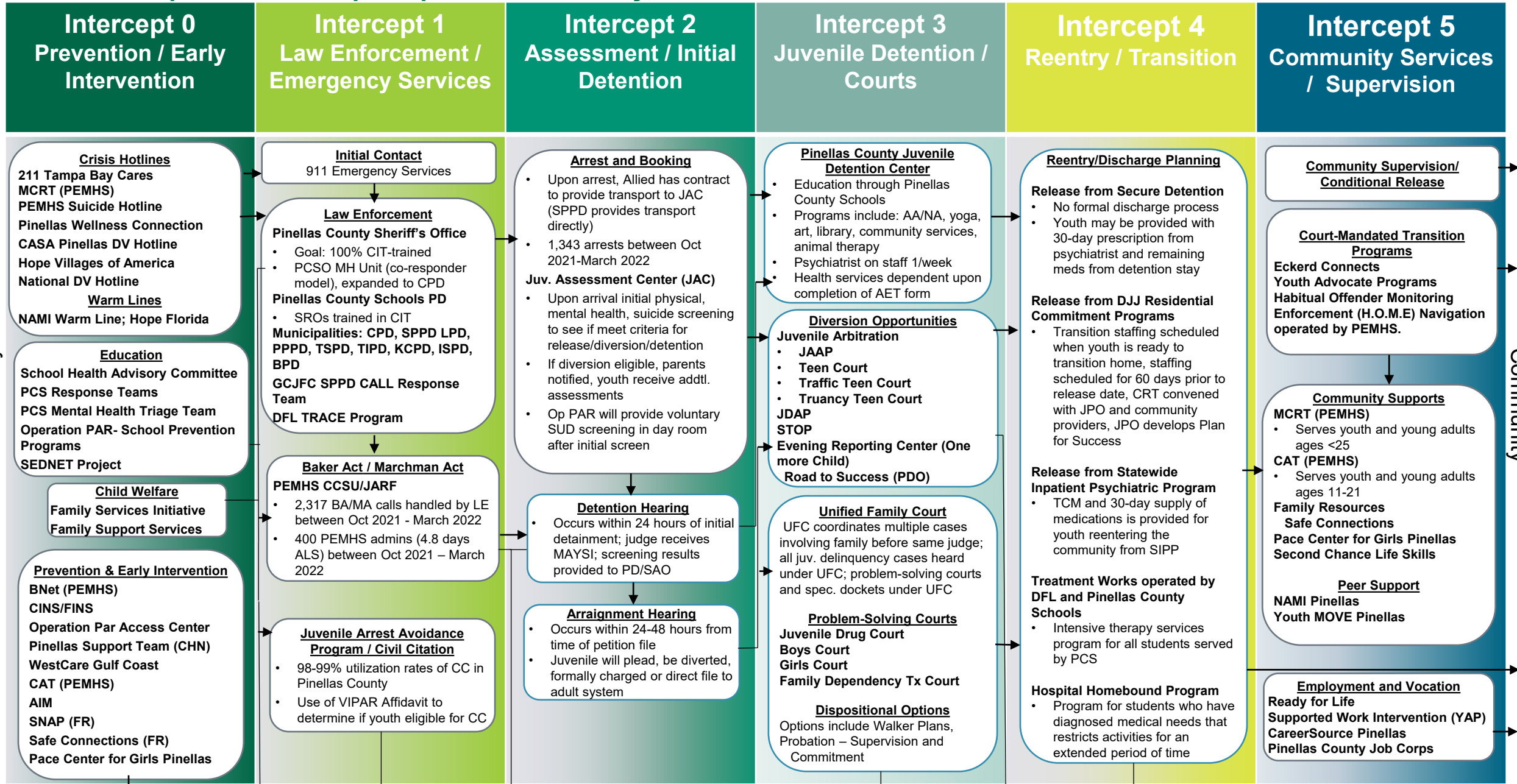
Abby Shockley, MPH, Director, CJMHSA TAC at [ashockley1@usf.edu](mailto:ashockley1@usf.edu)

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC at [katelind@usf.edu](mailto:katelind@usf.edu)

Beth Holland, MBA, Learning & Development Facilitator, CJMHSA TAC at [holland75@usf.edu](mailto:holland75@usf.edu)

Sponsored by DCF Contract # LH816

# Juvenile Sequential Intercept Map: Pinellas County, Florida



Community

Community

## APPENDIX A: PARTICIPANT LIST

Name	Organization	Email
Amaoge Acholonu	Family Resources	aacholonu@family-resources.org
Rebecca Albert	Juvenile Welfare Board	ralbert@jwbpinellas.org
Michelle Ardabily	Chief Deputy Court Administrator	Mardabily@jud6.org
Jennifer Barnhart	Directions for Living	JBarnhart@directionsforliving.org
Carolee Binette	Directions for Living	Cbinette@directionsforliving.org
Tim Burns	Pinellas County Human Services	tburns@pinellascounty.org
Renee Carter-Gura	Operation PAR	RCGura@OperPar.org
Angela Clay	Pinellas County Sheriff's Office	aclay@pcsonet.com
Linda Cooke	Pinellas County Sheriff's Office	lcooke@pcsonet.com
John Cornett	CFBHN	jcornett@cfbhn.org
Jim Fogarty	Pinellas County EMS	jfogarty@pinellascounty.org
Melissa Fuller	DJJ	melissa.fuller@fldjj.gov
Yashira Gonzalez	Pinellas County Justice Coordination	ygonzalez@pinellascounty.org
Beth Holland	USF CJMHSA TAC	Holland75@usf.edu
Major Natalia Illich	Clearwater Police Department	natalia.illich@myclearwater.com
Janice Jadowski	Pinellas County School Board	jadlowskij@pcsb.org
The Honorable Judge Christopher LaBruzzo	6th Judicial Circuit Court of Florida	clabruzzo@jud6.org
Jennifer Bryhn Lash	WestCare	jennifer.bryhnlash@westcare.com
Joyce Lehman	DJJ	joyce.lehman@fldjj.gov
Eryka Marshall	USF CJMHSA TAC	eryka@usf.edu
Katelind Melendez	USF CJMHSA TAC	katelind@usf.edu
Heidi Molina	YAP Inc.	HMolina@YAPInc.org
Fawn Moore	Family Support Services	Fawn.Moore@fsssuncoast.org
Jo Dee Nicosia	NAMI Pinellas	jnicosia@nami-pinellas.org
Gabriela (Ellie) Piloseno	Pinellas County Justice Coordination	gpiloseno@pinellascounty.org
Dominique Randall	Pinellas County Human Services	Drandall@pinellascounty.org

Name	Organization	Email
Jake Ray	Public Defender's Office	jakeray@fldpd6.gov
Keila Roman	Court Behavioral Services	kroman@jud6.org
Kristin Ryan	PEMHS	kryan@pemhs.org
Jacquelin Santos	Pinellas County Justice Coordination	jsantos@pinellascounty.org
William Schopper	State Attorney's Office	WilliamSchopper@flsa6.gov
Thomas Toy	6th Judicial Circuit Court of Florida	ttoy@jud6.org
Ari Weisberg	Public Defender's Office	ariweisberg@co.pinellas.fl.us



## APPENDIX B: PINELLAS COUNTY DATA SNAPSHOT

This appendix highlights publicly available data sources concerning Pinellas County, Florida youth demographics, schools, substance use, mental health, and justice indicators. The following data was presented in the introduction PowerPoint at the beginning of the SIM workshop and collected from Pinellas County stakeholders, and web resources.

### [2020 Florida Youth Substance Abuse Survey: Pinellas County Report](#)

The Florida Youth Substance Abuse Survey is a collaborative effort between the Florida departments of Health, Education, Children and Families, Juvenile Justice, and the Governor's Office of Drug Control.

### [The Baker Act: Fiscal Year 2019/2020 Annual Report: Pinellas County Snapshot](#) (page 102)

The Baker Act Report presents exam and person level reporting, state level analyses, and county level reporting.

### [United States Census QuickFacts: Pinellas County, Florida](#)

# APPENDIX C: RESOURCES

## UNIVERSITY OF SOUTH FLORIDA RESOURCES

### **Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center**

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center website serves as a clearing house for resources and research relevant to Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grantees. The website is updated weekly with upcoming webinar opportunities and other recent publications in the fields of behavioral health and criminal justice.

### **Baker Act Reporting Center at USF**

The Baker Act Reporting Center has received, processed, and analyzed statewide involuntary (Baker Act) examination data for almost two decades. As of 2018, The Baker Act Reporting Center also collects petitions, orders, and treatment plans for involuntary placement from County Clerks of Court. The Center receives this data on behalf of the Florida Department of Children and Families. The Center is housed in the Department of Mental Health Law & Policy, de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences at the University of South Florida. The most recent Florida Baker Act Data Reports can be found on the Baker Act Reporting Center Website.

### **State of Florida Best Practices Response Protocol for Schools to Use Mobile Response Teams (USF Louis de la Parte Florida Mental Health Institute, June 2021)**

This protocol was developed as a part of Florida House Bill 945. House Bill 945 focuses on three areas (1) mobile response teams, (2) coordination of children's system of care, and (3) crisis stabilization services. As part of the bill, the Louis de la Parte Florida Mental Health Institute (FMHI) was charged with developing a best practices response protocol for schools to use mobile response teams (MRT) when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others.

## Web Resources

### Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC)	<a href="http://www.floridatac.org/">http://www.floridatac.org/</a>
Louis de la Parte Florida Mental Health Institute-Department of Mental Health Law and Policy (MHLPL)	<a href="http://www.usf.edu/cbcs/mhlp/">http://www.usf.edu/cbcs/mhlp/</a>
Florida Alcohol and Drug Abuse Association	<a href="https://www.fadaa.org/">https://www.fadaa.org/</a>
Florida Department of Children and Families (DCF)-Mental Health and Substance Use	<a href="https://www.myflfamilies.com/service-programs/samh/">https://www.myflfamilies.com/service-programs/samh/</a>
Policy Research Associates (PRA)	<a href="https://www.prainc.com/">https://www.prainc.com/</a>
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation	<a href="https://www.samhsa.gov/gains-center">https://www.samhsa.gov/gains-center</a>

### The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)	<a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a>
Center for Mental Health Services	<a href="https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs">https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs</a>
Center for Substance Abuse Prevention	<a href="https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap">https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap</a>
Center for Substance Abuse Treatment	<a href="https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat">https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat</a>
Homelessness Programs and Resources	<a href="https://www.samhsa.gov/homelessness-programs-resources">https://www.samhsa.gov/homelessness-programs-resources</a>
National Center for Trauma Informed Care (NCTIC)	<a href="https://tash.org/nctic/">https://tash.org/nctic/</a>
National Clearinghouse for Alcohol and Drug Information	<a href="https://clearinghouse.fmcsa.dot.gov/">https://clearinghouse.fmcsa.dot.gov/</a>
SAMHSA Grant Announcements	<a href="https://www.samhsa.gov/grants/grant-announcements-2021">https://www.samhsa.gov/grants/grant-announcements-2021</a>
Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network	<a href="https://www.samhsa.gov/ebp-resource-center">https://www.samhsa.gov/ebp-resource-center</a>

## Other Web Resources

Baker Act Reporting Center	<a href="http://bakeract.fmhi.usf.edu/">http://bakeract.fmhi.usf.edu/</a>
Council of State Governments (CSG)	<a href="http://www.csg.org/">http://www.csg.org/</a>
CSG Justice Center	<a href="https://csgjusticecenter.org/">https://csgjusticecenter.org/</a>
Grant Opportunities	<a href="http://www.grants.gov/">http://www.grants.gov/</a>
National Alliance for the Mentally Ill (NAMI)	<a href="http://www.nami.org/">http://www.nami.org/</a>
National Alliance to End Homelessness	<a href="http://www.endhomelessness.org/pages/housing_first">http://www.endhomelessness.org/pages/housing_first</a>
National Center for Cultural Competence	<a href="https://nccc.georgetown.edu/">https://nccc.georgetown.edu/</a>
National Council for Behavioral Health	<a href="https://www.thenationalcouncil.org/">https://www.thenationalcouncil.org/</a>
National Criminal Justice Reference Service	<a href="https://www.ncjrs.gov/">https://www.ncjrs.gov/</a>
National Institute of Corrections	<a href="http://nicic.gov/">http://nicic.gov/</a>
National Institute on Drug Abuse	<a href="https://www.drugabuse.gov/">https://www.drugabuse.gov/</a>
Office of Justice Programs	<a href="https://ojp.gov/">https://ojp.gov/</a>
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	<a href="https://www.ojjdp.gov/mpg">https://www.ojjdp.gov/mpg</a>
U.S. Department of Health and Human Services - Mental Health	<a href="https://www.mentalhealth.gov/index.html">https://www.mentalhealth.gov/index.html</a>
U.S. Department of Veterans Affairs - Mental Health	<a href="http://www.mentalhealth.va.gov/">http://www.mentalhealth.va.gov/</a>
United State Interagency Council on Homelessness	<a href="https://www.usich.gov/">https://www.usich.gov/</a>

## APPENDIX D: CJMHPA TAC FACILITATOR BIOS

### Abby Shockley, MPH, Director, CJMHPA TAC



Abby is the Director of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHPA TAC). Prior to joining the TAC, Abby served as a Senior Policy Analyst with the New Hampshire Department of Health and Human Services where her work focused on several of the Department's substance use disorder (SUD) initiatives, including substance use disorder policy analysis and development and expansion and oversight of Medicaid coverage for SUD. During her time with NH DHHS, she also served as the Project Director for implementation of the State Opioid Response grant, including oversight of program development for delivering behavioral health services and expanding the use of Medication Assisted Treatment for individuals involved in NH's criminal justice system.

### Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHPA TAC



Katelind is the Assistant Program Director at the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHPA TAC). At the CJMHPA TAC, she is responsible for facilitation of technical assistance events for the DCF Reinvestment Grant Program, as well as technical report writing, for grant program reports written to inform the DCF and the Florida Legislature. She earned a Master of Arts in Criminology and a Master of Science in Child and Adolescent Behavioral Health at USF. Since starting at the CJMHPA TAC, Katelind has assisted in facilitation of over 17 Sequential Intercept Mappings across the state, which promote system-wide changes in the behavioral health and criminal and juvenile justice systems.

### Beth Holland, MBA, Learning and Development Facilitator, CJMHPA TAC



Mary (Beth) Holland is excited about her new role as the Learning and Development Facilitator at the CJMHPA TAC. Previously, she was in the multifamily housing industry as a social media and reputation manager for 10 years. She received her Master's in Business Administration with a concentration in Marketing in 2014 from Sullivan University. She is thrilled about the opportunity to join the TAC team and contribute her marketing expertise and various skills to expanding the TAC's capacity for grantee communications relative to newsletters, as well as development and implementation of a learning collaborative to enhance peer to peer learning among grantees across the State of Florida.

### Eryka Marshall, M.A, LMHC, CJMHPA TAC Subject Matter Expert



Eryka is a Licensed Mental Health Counselor with over 10 years' experience of working with youth and families in community settings. Ms. Marshall is a clinician with the Tampa Housing Authority Youth and Family Services Program, a prevention program funded by the Department of Juvenile Justice. She earned a Masters in Rehabilitation and Mental Health Counseling, with a certificate in Marriage and Family Therapy at USF. Ms. Marshall also works in the Department of Mental Health Law & Policy on various research projects and as a guest lecturer in Behavioral Healthcare courses