

# Broward County, Florida

## Juvenile Sequential Intercept Mapping Report

October 11-12, 2023



UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

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

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## BROWARD COUNTY JUVENILE SIM REPORT ABBREVIATIONS

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

|                 |   |
|-----------------|---|
| ABA             | Applied Behavioral Analysis   |
| ACE             | Adverse Childhood Experiences   |
| ADC             | Average Daily Census  |
| ADP             | Average Daily Population  |
| AHCA            | Agency for Health Care Administration   |
| BA              | Baker Act   |
| BBHC            | Broward Behavioral Health Coalition   |
| BCPS            | Broward County Public Schools   |
| BRIDGE          | Broward Recovery Initiative for Dual Diagnosis Guidance and Empowerment   |
| BSO             | Broward Sheriff's Office  |
| BYC             | Broward Youth Coalition   |
| BYRP            | Broward Youth Reentry Program   |
| CARES           | Community Access to Resources, Education, and Support Program   |
| CAT             | Community Action Team   |
| CAT             | Community Assessment Tool: The Community Assessment Tool Pre-Screen and Full Assessment were developed to assist juvenile probation officers and contracted case managers in determining a youth's level of risk to re-offend, identifying areas of highest criminogenic need, developing a meaningful intervention plan, and monitoring progress in reducing risk factors. The underlying philosophy is the risk assessment enables juvenile probations officers to reduce recidivism by promoting positive changes in attitudes and behaviors of youth while directing treatment and monitoring court-ordered sanctions. The CAT provides DJJ with data necessary to make informed decisions about which youth need which interventions and to what extent. |
| CBT             | Cognitive Behavioral Therapy  |
| CCT             | Care Coordination Team  |
| CCSU            | Children's Crisis Stabilization Unit  |
| CINS/FINS       | Children In Need of Services/Families In Need of Services   |
| CIT             | Crisis Intervention Team  |
| CJMHS           | Criminal Justice, Mental Health, and Substance Abuse  |
| CJMHS TAC       | Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center  |
| CLAS            | Culturally and Linguistically Appropriate Services. CLAS Standards are national standards comprised of a set of recommended action steps intended to advance health equity, improve quality, and help eliminate health care disparities.  |
| 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  |
| DAY     | Diversion Alternatives for Youth   |
| DCF     | Florida Department of Children and Families  |
| DJJ     | Florida Department of Juvenile Justice   |
| DV      | Domestic Violence  |
| E/BD    | Emotional/Behavioral Disability  |
| EBP     | Evidence-Based Practice  |
| EMS     | Emergency Medical Services   |
| ER      | Emergency Room   |
| FACT    | Florida Assertive Community Treatment Team   |
| FDC     | Florida Department of Corrections  |
| FDLE    | Florida Department of Law Enforcement  |
| FIT     | Family Intervention Team   |
| IPS     | Individual Placement and Support   |
| HIPAA   | Health Insurance Portability and Accountability Act of 1996                            |
| HUD     | U.S. Department of Housing and Urban Development                                       |
| JAC     | Juvenile Assessment Center   |
| JARF    | Juvenile Addictions Receiving Facility   |
| JAT     | Juvenile Assessment Team   |
| JDAP    | Juvenile Alternative Diversion Program   |
| JDO     | Juvenile Detention Officer   |
| JPO     | Juvenile Probation Officer   |
| LE      | Law Enforcement  |
| LEO     | Law Enforcement Officer  |
| LGBTQIA | Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and more |
| LIFT    | Learning Independence From Trauma  |
| MA      | Marchman Act   |
| MAT     | Medication Assisted Treatment  |
| MH      | Mental Health  |
| MHFA    | Mental Health First Aid  |
| MI      | Motivational Interviewing  |
| MOU     | Memorandum of Understanding  |
| MRT     | Mobile Response Team   |
| MST     | Multisystemic Therapy  |
| NAMI    | National Alliance on Mental Illness  |
| OCP3    | One Community Partnership 3  |
| OIC     | Non-profit Organization for workforce assistance                                       |
| PASL    | Personalization for Academic and Social Emotional Learning                             |
| PESS    | Post Secondary Education Services and Support  |
| PPG     | Prevention Partnership Grant   |

|             |  |
|-------------|--|
| PPP         | Placement Partnership Program  |
| PUP         | Preventing Unnecessary Placements  |
| REACH       | Responding Effectively to Adolescents and Children at Home               |
| SA          | Substance Abuse  |
| SAO         | State Attorney's Office  |
| SAMH        | Substance Abuse and Mental Health  |
| SEDNET      | Multiagency Network for Students with Emotional/Behavioral Disabilities  |
| SIM         | Sequential Intercept Mapping   |
| SIPP        | Statewide Inpatient Psychiatric Program for Children                     |
| SMI         | Serious Mental Illness   |
| SOAR        | SSI/SSDI Outreach, Access, and Recovery                                  |
| SRD         | School Resource Deputy   |
| SRO         | School Resource Officer  |
| SRT         | Supervisory Release Team   |
| SU          | Substance Use  |
| SUD         | Substance Use Disorder   |
| SWFN        | South Florida Wellness Network   |
| TCO Project | Homeless/Targeted Outreach for Persons Experiencing Homelessness Project |
| TIP         | Transition to Independence Process                                       |
| USF         | University of South Florida  |
| VA          | U.S. Department of Veterans Affairs                                      |
| VOP         | Violation of Probation   |
| Youth MOVE  | Motivating Others through Voices of Experience                           |

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# Broward 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 on October 11-12, 2023. 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 Broward County, Florida. Moreover, the SIM is a tool that can facilitate the 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 Broward 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 Broward County as a part of their juvenile reinvestment grant contract. The SIM provided Broward 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 61 participants representing cross-systems stakeholders (Figure 1) including Broward County Public Schools, Broward County Sheriff’s Office, Florida Department of Juvenile Justice, State Attorney’s Office, Public Defender’s Office, parents, individuals with lived experience, Broward Behavioral Health Coalition, Florida Department of Children and Families, and a cadre of other Broward County stakeholders. Abby Shockley, 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 (CJMHSА TAC) facilitated the mapping. A complete list of participants is available in Appendix A and biographies for facilitators are available in Appendix D at the end of this report.



*Figure 1. Sectors Represented at Broward County SIM*

On the first day of the Sequential Intercept Mapping process, facilitators engage with participants by asking questions and listening to the experiences of providers of services for youth and young adults with behavioral health disorders who have become involved in the justice system. Individuals with lived experiences are critical to this portion of the process to ensure that policy and practice aligns with reality. This initial phase helps facilitators gain insights into the system's strengths and areas for improvement, setting the stage for action planning and goal setting on the second day of the mapping workshop.

Upon the completion of the mapping activities on day one, facilitators requested that all participants articulate their vision for an ideal juvenile system for the target population in Broward County. From this exercise, several key themes emerged. These themes were subsequently presented at the outset of the goal-setting session on the second day (Figure 2).

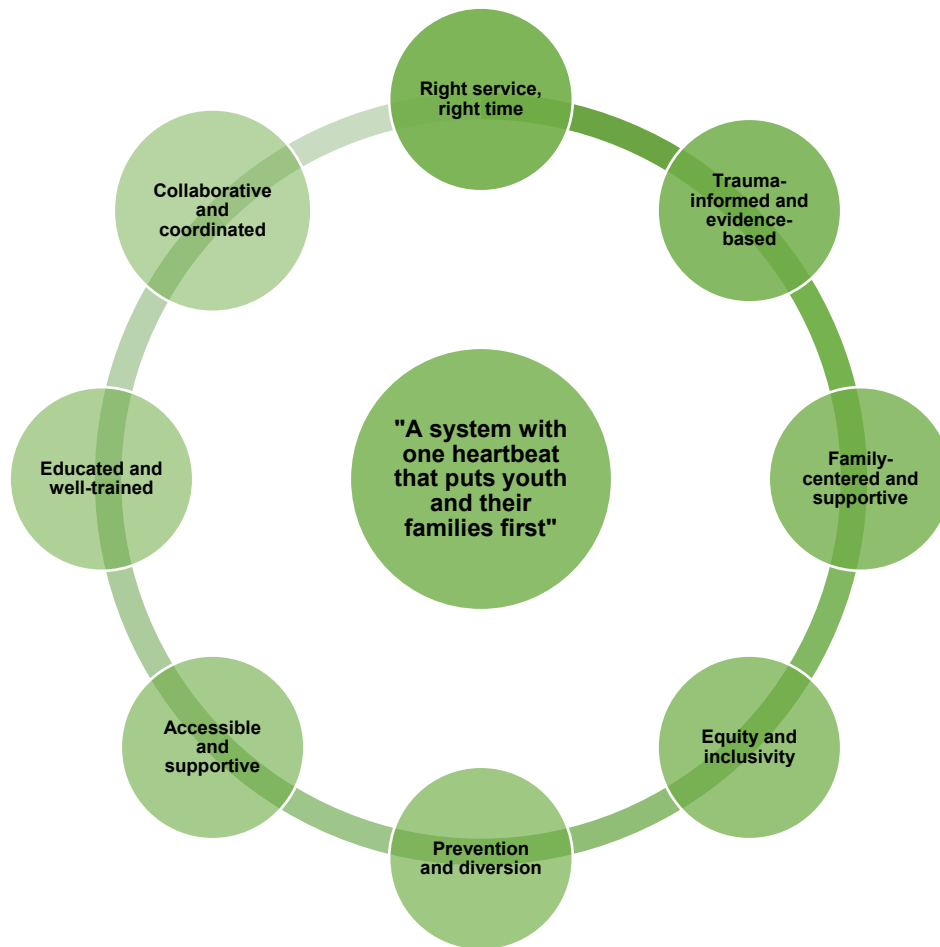


Figure 2. "Broward County System "Vision" Themes



## 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.

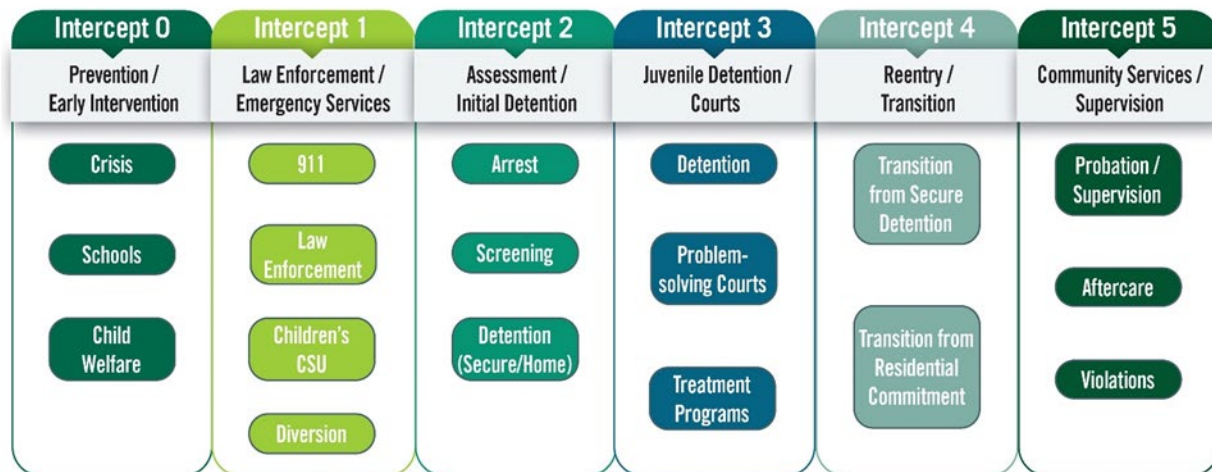


Figure 3. Juvenile Sequential Intercept Model Modification Graphic

The SIM has three primary objectives:

1. Development of a comprehensive map of how youth with substance use and mental health disorders flow through six distinct intercept points of the Broward 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.
2. 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).
3. Development of priorities to improve the system and service-level responses for youth.

The Broward County Juvenile SIM map is on page 42.

## Keys to Success

### History of Cross-Systems Partnerships

Broward County has a strong history of collaboration between its 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:

- Broward Youth Reentry Collaborative
- Children's Services Board
- House Bill 945 Children's System of Care
- Child Welfare Behavioral Health Integration
- Recovery-Oriented System of Care
- DJJ Circuit Advisory Board
- SEDNET
- Broward Diversion Coalition
- Suicide Prevention
- JAC Advisory Board
- Racial Equity Workgroup
- Broward Supervisors Collaborative Meeting
- Early Identification 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 and accountability management following the two-day event. Remarks were provided on opening day by:

- Silvia Quintana, CEO, Broward Behavioral Health Coalition

## Broward County Data Review

The SIM opened with a presentation on the general SIM process and history, as well as a brief review of existing Broward 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 importance of data-driven decision making and ongoing data review was discussed throughout the mapping.

# Broward County Juvenile Sequential Intercept Map 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 Broward County Juvenile SIM map, especially program specifics and acronyms used on the map.

## Intercept 0—Community Services

### Crisis Hotlines

#### *211 funded by United Way/BBHC*

- 211 is an information and referral line for free information about available area services.
- Chat support is available Monday through Friday 10am to 8pm.
- 211 app, phone, and email are available 24/7.
- Programming includes:
  - Behavioral Health INFOLine is a free program under 211 Broward and provides youth ages 21 and younger, as well as their families with care coordination, linkage to mental health, case management, and substance use services.
    - Referrals may come from community, school, or self-referred.
  - Teen Space is a program under 211 with a focus on suicide care, mental health concerns, alcohol and substance use concerns, family, relationships, abuse, teen pregnancy, navigation of school and career, physical health, and LGBTQIA Safe Zone.
  - Screening is provided for children 0-5 years and then referred for evaluations related to development milestones.



#### *Mobile Response Team (MRT) operated by Henderson Behavioral Health (Intercepts 0 and 5)*

- The MRT provides immediate intervention and assessment to adults and youth.
  - Henderson has 2 teams that each have licensed therapists, case managers, peers, and a care coordinator.
- MRT is available at (954) 463-0911 and the average wait time is under 1 hour.
- MRT also provides response to youth in behavioral health crisis in schools.

### Warm Lines

#### *NAMI (National Alliance on Mental Illness) Warm Line (Intercepts 0 and 5)*

- The NAMI HelpLine is available 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.
- Additional NAMI Broward resources and information is available at <http://namiBroward.org>.

#### *Sunshine Health Plan Warm Line*

- Sunshine Health operates a warm call line staffed with clinicians.
  - Clinicians conduct follow-up, up to three times, after the call and will provide warm hand-off to MRT.
- Information on the warm line is available on the [Sunshine Health webpage](#) and is advertised through promotional materials at conferences.

## Broward County Public Schools

Broward County Schools recently executed contract with BBHC to have an electronic record system to share information about youth and better coordinate treatment services.

### *Personalization for Academic and Social Emotional Learning (PASL)*

- PASL, available in some BCPS schools, is a program for middle and high school students' to improve academic and social emotional outcomes. Administrators, counselors, and teachers are involved in the students' academic and social emotional behavioral needs. These relationships are aimed to assist students with their belonging at their school and the goal is to have higher levels of self-efficacy and student success. Five systemic practices incorporated are rapid check-ins, goal achievement, educator teams, intentional use of data, and culture of personalization.

### *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 or at-risk of an emotional/behavioral disability (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

### *Community Action Team (CAT) operated by Memorial Healthcare System (Intercepts 0 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 institutional placement because of mental health or substance use problems and/or co-occurring disorders.
- Services may include psychiatric evaluation, medication management, therapy (individual, group, and family), case management, mentoring, peer support, applied behavioral analysis (ABA) services, crisis intervention and 24/7 on-call support, in-school advocacy/coordination, legal system advocacy/coordination, parenting support, skills and behavior modification for the entire family, family support network development, employment/vocational services, and life skills development.
- Memorial Healthcare System supports two CAT teams.

### *Hanley Center Foundation, Inc*

- Hanley Center supports a substance use prevention program for youth ages 5-18 at elementary, middle, and high schools.
- Hanley's Provider Prevention Partnership Grant (PPG) also provides substance use prevention programming specifically within the elementary and middle schools of Pembroke Pines.

## Child Welfare / Community-Based Care

### *One Community Partnership 3 (OCP3) managed by BBHC*

- OCP3 was a SAMHSA System of Care Grant that supported the child welfare and school system in Broward County for youth ages 12-to-21.
- Eligible youth had a diagnosis of serious emotional disturbance (SED) with early signs and symptoms of serious mental illness, including first episode psychosis, along with their families/caregivers.
- The program assisted youth and young adults in reaching goals related to behavioral health, housing, employment/education, and social connection through an array of evidence-based practices including High Fidelity Wraparound and Transition to Independence Process (TIP).
- Throughout the first two One Community Partnership SAMHSA System of Care (SOC) grants (OCP1 from 2002-2008 and OCP2 from 2015-2019), Broward's service delivery systems achieved sustained infrastructure improvements and service capacity to directly impact outcomes for youth and families.
- OCP3 services are sustained through funding from BBHC, CSC, Broward County, and BCPS.
- OCP4 was awarded and will focus on early intervention for children ages 4-to-11 years old.

## Community Supports

(Includes but is not limited to the following)

### *Broward Behavioral Health Coalition (BBHC)*

- BBHC is the DCF designated managing entity for state-funded behavioral health services in Broward County. BBHC supports the system of care for substance use, mental health, and co-occurring disorders for youth and adults within Broward County.

### *South Florida Wellness Network, Inc. Recovery Community Organization (SFWN RCO)*

- SFWN is a peer-driven RCO that supports behavioral health and wellness for youth, adults, and families. Services are provided across the continuum and include but are not limited to life coaching, community training/advocacy by youth peer specialists or wellness coaches, Mental Health First Aid (MHFA) and Crisis Intervention Teams (CIT) training.

### *Youth MOVE (Motivating Others through Voices of Experience) Broward County in collaboration with SFWN*

- Youth MOVE provides support for youth and young adults that are involved in system transformation, specifically ages 14-29. The program is voluntary. Activities include one-on-one support, social activities, and activities surrounding creativity, art, music and more.

### *Federation of Families Broward*

- Federation of Families focuses on providing support, advocacy, and resources for families with youth and young adults with mental health and/or substance use challenges.
- Federation of Families established an advisory council to promote awareness, reduce stigma and improve services.
- Family support partners use their own personal experience to provide support and linkage to families as they navigate difficult situations. These challenges include mental health challenges, substance use and/or other difficult circumstances. They provide

education and training opportunities to assist families in becoming more knowledgeable about mental health and substance use to become a "Family Champion" for their children and become leaders across Broward Recovery movement.

#### *Broward Youth Coalition (BYC) operated by United Way*

- BYC educates youth and their peers within communities for issues related to substance use and mental health promotion.
- In 2022, the program supported three school-base clubs at Atlantic Technical High School, Westglades Middle School, and Fort Lauderdale High School. In addition, there is a community-wide club.
- The members are middle and high school students, and peers and mentors are utilized within the program.

#### *Deerfield Beach Community Cares (Intercepts 0 and 5, see Intercept 0 for full description)*

- Deerfield Beach Community Cares is a community organization that promotes wellness through community-driven initiatives, collaboration, and coordination. They support a variety of youth programs and strive to build a more diverse, equitable, and vibrant community to improve mental, physical, social, and emotional well-being.

#### *Hope Florida*

- Hope Florida is a statewide program that engages with faith-based institutions and corporate entities in the community to provide "Hope Navigators" that will assist with referrals to community-based partners, one-one support and identification of goals and barriers.
- The program is intended to serve youth involved with or transitioning out of DJJ, caregivers concerned with a youth's behavior, and/or caregivers with youth that are struggling academically, truant from school, or have run away.

#### *Memorial Hospital*

- Community Youth Services provides outpatient behavioral health services for youth and families within their home or community. Staff support families to avoid hospital visits.
- The Community Access to Resources, Education, and Support (CARES) Program is a substance use prevention program for youth and caregivers provided in public elementary, middle, and charter schools as well as faith-based organizations.

### Strengths

- BBHC requires the application of CLAS (Cultural and Linguistically Appropriate Services) standards for providers to adhere to cultural competence and language barriers for community members.
- Broward County Schools has increased referrals for behavioral health services with new electronic record system in collaboration with BBHC.
- Broward County Public Schools recently transitioned to new leadership and is in the process of staffing mental health clinicians in all the schools.
- BBHC Care Coordination Teams (CCT) were implemented to address complex transitions from different levels of care. There are currently 7 CCT funded by BBHC.
- BBHC has strong connections and engagement with many providers in the community including National Federation of Families.
- NAMI and Youth MOVE are very active within the community.

## Opportunities for Improvement

- Expand awareness of 211 and MRT to inform law enforcement and families of available resources for youth.
  - Conduct inventory and alignment of community resource guides.
  - Expand training/education for SROs, law enforcement, and providers to inform of all available community resources.
- The multitude of hotlines and numbers to call could be overwhelming to consumers. There is a need to conduct a hotline audit (e.g. "secret shopper" activity) to identify the scope of each hotline and identify which to promote in certain circumstances.
- There is a continued need to determine opportunities to address cultural barriers to accessing services (e.g. stigma) as well as translation services for the language barriers.
- Care coordination may be enhanced to better serve parents/guardians and families to reduce system burnout/care coordination fatigue.
- Transportation for youth to access/attend onsite appointments is a barrier to treatment engagement.

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## Intercept 1—Law Enforcement & Emergency Services

### Emergency Services and 911

#### 911

- If a youth is experiencing an apparent behavioral health crisis the Broward Sheriff's Office (BSO), is the first point of emergency contact and system response.
  - Dispatch is not provided CIT training, but individuals may request a CIT-trained officer.
  - Some LEO will utilize diversion programs based upon the success of previous youth.

### Law Enforcement

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

Broward Sheriff's Office (BSO)

#### **Municipal Law Enforcement**

Fort Lauderdale Police Department  
Hollywood Police Department  
Miramar Police Department  
Coral Springs Police Department  
Pembroke Pines Police Department  
Davie Police Department  
Lauderhill Police Department  
Sunrise Police Department  
Margate Police Department  
Hallandale Beach Police Department  
Plantation Police Department  
Coconut Creek Police Department  
Wilton Manors Police Department

### Broward Sheriff's Office

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

- BSO trains approximately 300 deputies per year and United Way performs the 40-hr Memphis Model CIT training. BSO used to have a recognition program, but it is no longer active. There are refreshers for training offered.
- Mental Health First Aid (MHFA) training is provided for law enforcement in the community.

#### *Co-responder Pilot in collaboration with South Florida Wellness Network (SFWN)*

- In November of 2021 SFWN partnered with BSO District 11 (Pompano Beach) to develop a co-responder model involving Certified Recovery Peer Specialists and all road deputies in that district.
- Peer Specialists began responding to calls 24/7 in Jan of 2022. The program expanded to include Deerfield Beach in Feb of 2023
- To date, SFWN Peer Specialists have responded to approximately 433 calls from deputies in both districts combined.
- Pompano Beach's successful intervention rate is approximately 61%.
- Deerfield Beach's successful intervention rate is approximately 74%.





### *BSO Threat Management Unit (TMU)*

- The TMU receives referrals from school resources officers and/or administrators for students who have made a threat of targeted violence or pose a threat and have received a behavioral threat assessment from the school's behavioral threat assessment team.
- This team will then follow-up with youth in the school system or in the home-based on level of risk and provide linkages to services in order to mitigate the risk.
- At the time of the mapping, the BSO team is comprised of 4 licensed clinicians and 6 detectives, and 66 SROs.

### Broward County Public Schools (BCPS)

#### *Threat Assessment Teams (TATs) (See Appendix F for Florida Harm Prevention and Threat Management Workflow)*

- Under the CSTAG Model and now the new Florida Model, the team consists of the following members:
  - Administrator
  - Mental health professional
  - Expert in curriculum and instruction
  - Law enforcement officer

As of January 1, 2024, there is also a District Team that contains the same membership.

### Crisis

#### *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.
  - Law enforcement performs transport for all Baker Act initiations (including from schools).
- In FY20-21, there were approximately 11,198 involuntary examinations (16.77% of all exams) for children (USF Baker Act Reporting Center, 2022).

#### *Fort Lauderdale Behavioral Health (Children's Crisis Stabilization Unit and Juvenile Addictions Receiving Facility)*

- There are approximately 40 CCSU beds for adolescents, but the facility does not have a cap.
  - However, this receiving area is typically full. When full, the facility will make referrals to services until space is open.
- Safety Plans are completed with caregivers at discharge and connect to community resources (such as Trauma Therapy, CBT, etc.). Follow up appointments are scheduled prior to discharge.

#### *Other Youth Baker Act Receiving Facilities:*

- HCA Florida Woodmont Mental Health Center
- Joe Di Maggio Children's Hospital/Memorial Regional Hospital
- Larkin Community Hospital
  - Adolescent Behavioral Health Program

#### *Henderson Behavioral Health*

- Henderson provides behavioral health prevention, clinical, residential, and case

management services including psychiatric and medication management, youth case management, Wraparound diversions (for diversion and civil citation youth), outpatient therapy, and in home therapy.

- Programs include but are not limited to:
  - Family Intervention Teams (FIT) to divert hospitalizations for youth and families
  - Multisystemic Therapy (MST) is community-based treatment program that focuses on chronic and violent youth involved in juvenile justice system, as well as their homes, families, schools, teachers, neighborhoods, and friends.
  - Broward Recovery Initiative for Dual Diagnosis Guidance and Empowerment (BRIDGE) Project is a collaborative program for youth that are experiencing MH and SUDs with coordinated system of care. The team utilizes Motivational Interviewing (MI) and Wraparound approach.
  - Healthy Start provides care coordination for at-risk pregnant women and infants.
  - Preventing Unnecessary Placements prevents and assists with out-of-home placements for youth.
  - Family Preservation assists families with focusing on preserving family unit and preventing/address abuse and/or neglect through referrals from law enforcement.
  - Learning Independence From Trauma (LIFT)
  - Responding Effectively to Adolescents and Children at Home (REACH) Program for youth that have been discharged from residential treatment or at risk for removal from home due to behavioral issues. This team also utilizes in-home services with the Wraparound approach.
  - Project Connect provides individual and family therapy for cases that removed one or more children from the home and provides services to support reunification.
  - Placement Partnership Program (PPP) supports families and youth involved with child protective services and assists with reentry from hospital, residential treatment, or detention.
  - Wilson Gardens Transitional Independent Living Program is a transitional housing for men (18+) who are no longer part of the foster care system. There is an on-site resident manager available 24/7 and a life coach that provides training and living skills.

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**Table 1.**  
*Involuntary Baker Act Examinations by Receiving Facility\**

| Receiving Facilities                                 | Total Involuntary Exams in FY 2021-2022 | Percent of Total Involuntary Exams for <18 |
|--|---|--|
| Fort Lauderdale Behavioral Health Center             | 3,216                                   | 43.13%                                     |
| Memorial Regional Hospital                           | 3,361                                   | 23.71%                                     |
| HCA Florida Woodmont Hospital                        | 950                                     | 20.32%                                     |
| Larkin Community Hospital Behavioral Health Services | 341                                     | 15.25%                                     |
| Broward Health Medical Center                        | 2,406                                   | 0.58%                                      |
| Broward Health Imperial Point                        | 2,191                                   | 0.18%                                      |
| Stewart FL Medical Center                            | 651                                     | 0.00%                                      |
| Henderson Behavioral Health                          | 309                                     | 0.00%                                      |

(Baker Act Reporting Center FY 2021-2022 Annual Report, 2023)

\*table is comprised of data for adult and youth residents of Broward County, FL

## Detoxification

### *Marchman Act*

- If a youth is experiencing substance use problems, after the legal process is completed they may be transported by law enforcement to the Juvenile Addictions Receiving Facility (JARF) at Fort Lauderdale Hospital for an evaluation.

### *Village South operated by WestCare*

- Village South supports outpatient and residential substance use treatment for mothers with children and pregnant women. The outpatient in-home or on-site programs provide substance use treatment to all adults. Services include HIV testing, Medication Assisted Treatment (MAT), services for youth, daycare, outreach specialist, job training, and pre-school.

## Broward County Justice Services

### *Juvenile Civil Citation Broward County*

- The civil citation program is an alternative to arrest for all eligible youth who have committed a qualifying minor first-time, second- or third-time misdemeanor offense.
- Law enforcement will issue civil citation with the option of entering a voluntary program in lieu of arrest. Upon successful completion of programming, no charges will be filed/input. Participation ranges from 45-90 days.
- In Fiscal Year 2021-2022, there was a 72% utilization rate of civil citations in Broward County (1,839 eligible youth) according to data provided by the Florida Department of Juvenile Justice (DJJ).

**Table 2.**  
*Broward County Civil Citation Data*

| Month         | Youth CC Eligible | Issued CC (count) |
|---------------|-------------------|-------------------|
| January 2023  | 126               | 112               |
| February 2023 | 191               | 175               |
| March 2023    | 154               | 133               |
| April 2023    | 177               | 156               |
| May 2023      | 197               | 178               |
| June 2023     | 61                | 32                |
| <b>Total</b>  | <b>906</b>        | <b>786</b>        |

(Florida Department of Juvenile Justice, 2023)

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## Strengths

- The majority of BSO are CIT-trained and community members can request a CIT trained officer.
- BSO is currently initiating a pilot for a Co-responder Team that is providing positive results and looking to expand.
- There are strong pre- and post-arrest diversion programs in place.

## Opportunities for Improvement

- SIM participants expressed an interest in reinvigorating the CIT champion recognition program and awards for use of CIT in the community.
  - This may increase community awareness of the ability to request a CIT trained officer
- Conduct a case study of the Baker Act workflow within the schools aimed at reducing law enforcement involvement/transport.
- Explore opportunity to begin discharge planning for Baker Act upon admission to CCSU. Leverage assistance of BBHC Care Coordination Team.
  - The BBHC Care Coordination Team is underutilized.
- Transportation pilot to review if LE is needed to transport from school every time or if family or private transport could be an additional option.
- Explore respite options within school limits for youth who experience BH episodes that do not meet criteria for BA.
- Identify solutions to civil citation options for youth with domestic violence charges

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## Intercept 2—Initial Detention & First Appearance

### Arrest and Booking

#### *Arrest/Taken into Custody*

- When a youth is arrested, they are transported directly to the Juvenile Assessment Center (JAC) for screening and intake.
- In Fiscal Year 2021-22, approximately 1,222 youth were arrested according to data provided by DJJ (DJJ Delinquency Profile, 2023).

#### *Juvenile Assessment Center (JAC)*

- The JAC is the central receiving and intake facility for all youth who are arrested in Broward County, operating 24 hours a day and 7 days a week.
- Upon arrival at the JAC, the following assessments are conducted by DJJ:
  - Detention Risk Assessment Instrument (DRAI)
  - Massachusetts Youth Screening Instrument (MAYSI)
  - Suicide Risk Assessment
  - Human Trafficking Screening Tool (HTST)
- The BSO Juvenile Assessment Team is co-located at the JAC and will provide additional screenings on a voluntary basis to determine a youth's behavioral health needs and make community referrals to increase protective factors for a youth and family. These voluntary screenings are conducted within 24 hours of arrival at the JAC.
- A master's level clinician on the BSO Juvenile Assessment Team conducts the following assessments (then reviewed by licensed clinician):
  - Psychosocial Assessment
  - GAIN-Q
  - Adverse Childhood Experiences (ACEs) Screen
  - Columbia Suicide Severity Rating Scale (SRRS)
  - Follow-up on human trafficking screening
- The BSO team will assess if youth may be eligible for diversion programming and make recommendations to the State Attorney's Office.

#### *Juvenile Probation Officers (JPO)*

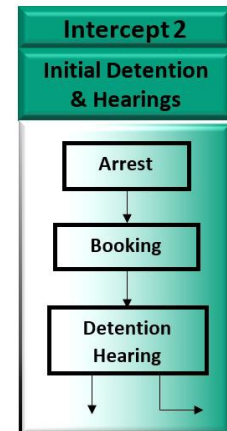
- The average caseload for Broward County JPOs is 1:40. Caseloads are split up by zip code. Youth are on different statuses (intake, residential, supervision, etc.).

### Detention Hearing

- The detention hearing occurs within 24 hours of arrest.
- If a youth does not meet criteria for detention or home detention, then they are provided with a Notice to Appear within 30 days. If youth offered a Diversion option via the State Attorney's Office and accepts/enrolls within a Diversion program, then the court date will be cancelled by the program via email to delinquency court case management.

### Arraignment Hearing

- Once a petition is filed, the next step is an arraignment hearing. If the youth does not appear at the arraignment, then the court will issue a pick-up order (PUO). At arraignment, youth plead guilty or not guilty to the charges.
  - If the youth pleads guilty then the case is set for a disposition hearing.
  - If youth pleads not guilty then the case is scheduled for an adjudicatory hearing.



- Juvenile court adjudicatory hearings will have a judge review the case. If the youth is found not guilty, the case ends. If the youth is found guilty, the court may proceed with disposition or set the case off for disposition and order DJJ to prepare a Predisposition Report (PDR). The PDR is generated by DJJ based on a multidisciplinary assessment and a treatment plan is established.
- If the youth is committed to DJJ by the court the youth can then attend programs. Programs can be residential or non-residential. Non-residential programs allow youths to reside at home and attend a program during the day. Residential programs require the youth to live away from home for a period of time. The length of stay for all of the programs depends mostly on the youth needs and participation in the program.

## Broward County Justice Services

### *Juvenile Predisposition Program*

- The Predisposition Program is a voluntary program that aims to address the gap in the system for youth who are on DJJ intake status.
  - The program cannot serve youth under supervision.
- Youth in the predisposition program are assigned a case manager who will attend all court hearings, refer, and connect youth to treatment, and support the youth and their family throughout the court process until their case is disposed.
- At the time of the mapping, the program was serving 25 youth, with capacity to serve up to 50 youth.

## Diversion Opportunities (post-arrest)

### *Community Justice Program*

- The Community Justice Program is a voluntary program (approximately 45-90 days) to provide pre-and post-arrest diversion options for juvenile offenders ages 7-to-17.
  - Pre-arrest referred from Civil Citation
  - Post-arrest referred from State Attorney's Office
- The program also attends to the needs of crime victims and the community through restorative justice principles.

### *Teen Court*

- Teen Court is a post-arrest, voluntary diversion program for youth ages 12-17 referred from the from law enforcement or the state attorney's office. Parents must participate as well. The program accepts most charges such as theft, possession of alcohol or drugs, battery, trespassing, and criminal mischief.
- Teen Court provides meaningful and constructive alternatives to the formal prosecution of young offenders who have accepted responsibility for their offense(s). This diversion program provides specific and immediate sanctions and services to youth. Teen Court is the only juvenile proceeding where criminal cases are considered by teens. The offender's sanctions are decided by a Teen Court jury of their peers. If youth doesn't complete the sanctions, then the case is referred back to SAO.

*There are also several other Diversion programs funded via the Children's Services Council (both therapeutic and psychoeducational options available via State Attorney consult with the Juvenile Assessment Team) that adhere to restorative justice principles.*

### Strengths

- BSO is collocated at the JAC.
- Youth have possibility to be diverted before detention hearing.
- BBHC provides trauma-focused training and CBT training.
- The Juvenile Predisposition Program is unique and a major strength to the community. Explore potential to increase use of program.

### Opportunities for Improvement

- Youth remain on intake status for extended periods of time and often receive more charges while on intake status.
- Youth involved with DJJ are limited in services they can receive in the care of DJJ despite acute behavioral health needs.
- During the mapping, participants expressed a need for services for youth under age 12.

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## Intercept 3—Detention & Courts

### Broward County Regional Juvenile Detention Center

#### *Health Services operated by VitalCore*

- A licensed mental health clinician is on staff at the detention center.
- Mental health treatment is provided at the most basic level, only for crisis stabilization.

#### *Detention Programs/Services*

- Youth are required to engage in schooling based on their education level and may work towards their GED or high school diploma.

### Treatment Courts

#### *Juvenile Drug Court*

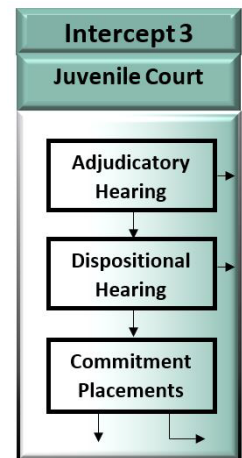
- To be eligible for juvenile drug court, youth who failed at civil citation and diversion are referred to drug court.
  - Track one: eligible youth include those charged with misdemeanor, non-violent third-degree felony, or second-degree felony offenses involving purchase of controlled substance identified at risk of or having a SUD
  - Track two: youth who have SUD, but do not fit track one requirements
- Under both tracks, youth engage in community-based treatment, intensive case management, and other types of assistance as needed to avoid reliance on substances under judicial supervision.
- At the time of the mapping, the juvenile drug court was serving 8 participants.
- The average length of stay in the program is 9-12 months.
- The juvenile drug court has a 58% success rate.
- Services are provided by WestCare.

#### *HOPE Court*

- HOPE court assists transition age youth (ages 17+) with transition to independence/adulthood.
- Court hearings convene frequently, and HOPE Circle meetings occur prior to hearings.
- At the time of the mapping, there were 12-13 youth enrolled in HOPE Court.
  - All those enrolled in Cohort #2 have graduated high school or have a GED with the exception of 1 participant.
  - There are 3 enrolled in Post Secondary Education Services and Support (PESS), 1 participant enrolled in aftercare program working towards PESS, 6 participants are enrolled in extended foster care.
    - PESS is for youth/young adults up to age 23 in college or trade school.
    - Extended foster care is for youth/young adults up to age 21.

#### *RISE Court*

- RISE Court is overseen by the Honorable Judge Ross and for dependent youth who were involved in human trafficking. Transgender youth are eligible.
- At the time of the mapping, there were 6 girls involved in the court.
- Services are provided by Citrus Health and ChildNet.



### Girls Court

- Girls Court is overseen by the Honorable Judge Ross and serves girls who may be at risk for human trafficking. Special programming is provided based on needs expressed by the girls and special needs of gender.
  - The court convenes bi-weekly on Mondays.
- Girls with any case pending are accepted (ages range from 13-to-21). Transgender youth are also eligible. The court is voluntary, unless a youth's case is assigned.
- All staff are trained in Trauma-Informed Care.
- Services are provided by Citrus Health and ChildNet and providers are present at court hearings.

### Dispositional Options

Dispositional options include Probation – Supervision, Commitment, and Probation – Transition and Reentry.

### Strengths

- Girls Court providers attend all court hearings.
- Transgender youth are eligible for RISE and Girls Court.
- Juvenile Drug Court and Girls Court have alumni programs.
- Trauma-informed care training is provided to all treatment court staff.
- There is an opportunity to leverage Citrus Health short-term residential treatment facility that recently opened in Miami-Dade County.

### Opportunities for Improvement

- Mental health treatment/programming is not available in the detention center.
- Outside providers are not permitted in the detention center. It would be beneficial to have therapeutic options in the center that normalize help seeking and break down resistance to services.
  - Judiciary may grant access to outside providers to provide services in detention on case-by-case basis.
- There is a need for additional treatment programs for youth with serious charges as well as behavioral issues.
- There is a long wait time for community treatment programs.
- Participants at the SIM expressed a need for intensive outpatient treatment programs and/or partial hospitalization programs.
- Providers have issues with funding to assist with discharge from Baker Act facility/detention.
- Family engagement and buy-in perpetuates difficulty to engage youth in community-based treatment services.
- Previously, there was a respite facility for youth leaving detention with no place to go, but it is no longer a resource in the community.

## Intercept 4—Reentry

### Reentry/Discharge Planning

#### *Release from Secure Detention*

- Upon release from secure detention, there is no formal reentry process.
- Youth on psychotropic medications will be discharged from secure detention with a 30-day supply of medications.

#### *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, Federation of Families, BBHC, and 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.
- Youth may be eligible for Broward Youth Reentry Project (BYRP/BYRP2) if they have a mental health diagnosis. JPOs will provide referrals to BYRP/BYRP2.

#### *Broward Youth Reentry Project (BYRP2)*

- BYRP2 provides services to youth ages 12-21 with a behavioral health diagnosis who have a prolific arrest history or serious and violent chronic offenses leading to repeated detainment. The goal is to provide needed supports and services to successfully transition youth to adulthood in the community and decrease deeper involvement in the juvenile/criminal justice system. Caregivers and Siblings of enrolled youth are also eligible for services which include Life Coaches, Peer Support, Family Support, Supported Employment, Supported Housing, Moral Reconciliation Therapy (MRT), Life Skills, Wraparound and Transition to Independence Process (TIP).

#### *Reentry from Statewide Inpatient Psychiatric Program (SIPP)*

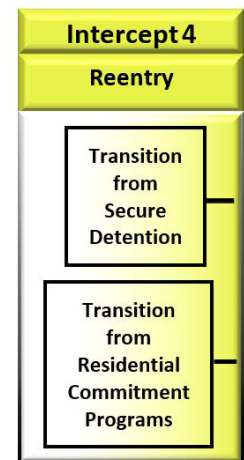
- Targeted case management is provided by Citrus Health for youth reentering the community from SIPP placement.

### Strengths

- BYRP is practicing High Fidelity Wraparound.
- All Broward County DJJ programs are GED test sites.
- College courses are available at some DJJ commitment programs.

### Opportunities for Improvement

- About 30 days prior to release from residential commitment programs, the youth may get new charges that extend their stay. In these instances, it is difficult to plan community transition/release.
- Post-disposition services are needed. There is a lack of communication from DJJ/ITP out-of-county facilities that release youth.
- Youth on intake status are at the highest risk for recidivism.
- It may be beneficial to conduct a youth reentry case study to better understand and identify community needs related to reentry for youth in order to target services and grants to fill these gaps.
- There is a need for increased family engagement upon discharge/reentry back to community.



## Intercept 5—Community Corrections

### Community Supervision/Conditional Release

Probation is a supervision program created by law, which is ordered by the court in cases involving a youth who have committed a delinquent act. Youth placed on probation are assigned to a Juvenile Probation Officer (JPO) who supervise the youth according to the sanctions listed on their probation order. Each youth placed on probation receive a Community Assessment Tool (CAT) which identifies their needs and risk to reoffend. Once the CAT has been completed, A Youth Empowerment Success (YES) Plan is created based on the youth needs and sanctions listed in the court order.

For youth with mental health and substance use needs, JPO's refer for services through community-based and contract providers. Contracted providers include Camelot, Henderson, The Village, gender specific mentoring services, Southwest Key, Handy, and Hanley. At the time of mapping, the average caseload was approximately 40 cases per JPO. The cases vary from youth on intake, probation and/ or residential placement. The caseloads are assigned by zip codes and geographical location. If a youth violates probation by committing a new law violation, a violation of probation (VOP) will be filed with the court. If a youth commits a technical violation (a violation of court ordered sanctions), the JPO will staff the violation with their supervisor to determine if a meeting should occur with the youth and parent to reengage the youth or if a violation is warranted. DJJ also has a specialized unit which supervise youth who are involved with the Department of Children and Families (DCF) and housed in group homes as well as certain human trafficking cases.

Each JPO receives specialized training. JPO training is conducted in a 2-phase process. Phase 1 involves pre-service training to include computer and instructor-led training as well as on-the -job (OJT) training. Phase 2 is instructor-led training which is held at the Department of Juvenile Justice JPO Academy. After their first year, JPO's receive a combination of in-service and instructor led training each year thereafter.

### Reentry Services

#### *Eckerd Connects*

- Eckerd Connects has a partnership with Broward County Public Schools to serve as a DJJ Alternative School.
- Project Bridge provides transitional services to youth ages 11-21 reentering the community from residential commitment programs. Services include education, mentoring, vocational and transportation.

#### *Chrysalis Health*

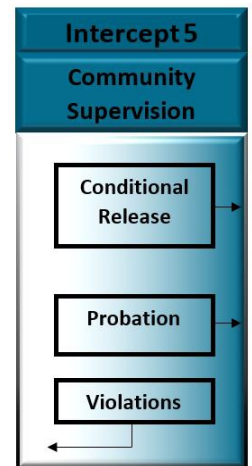
- Chrysalis is the DJJ contracted provider for clinical services for mental health and substance use.

### Community Supports

*Community Action Team (CAT) operated by Memorial Healthcare (Intercepts 0 and 5; see Intercept 0 for full description.)*

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

*National Alliance for Mental Illness (NAMI) Broward (Intercepts 0, and 5; see Intercept 0 for full description.)*



*Deerfield Beach Community Cares (Intercepts 0 and 5, see Intercept 0 for full description)*

#### *Pace Center for Girls Broward*

- Pace Center supports programming such as Diversion Alternatives for Youth (DAY), Health Youth transitions, tutoring, girls court, academic education, counseling and mental health services, career preparation, Girls Leadership Council, goal setting, and monitoring.

#### *Rebel's Drop-in Center operated by Memorial Healthcare*

- Rebel's was created for individuals recovering from mental health or substance use.
  - Individuals can drop in Monday - Friday: 1pm - 8pm and Saturday- Sunday, and holidays: 12 pm - 5 pm.
- All staff are trained as peer specialists and provide free services. Services provided are social activities such as movies, outings, painting, Tai Chi, meditation, arts and crafts, and support groups for anxiety, bi-polar, depression, obsessive compulsive disorder, and NAMI support groups.

### Employment and Vocation

#### *CareerSource Broward*

- CareerSource provides employment assistance for transition age youth between ages 17-24 in addition to out-of-school youth programs which serves at-risk youth ages 16-24 who have dropped out of school; summer youth employment program to assist youth ages 16-18 with paid summer employment; and assistance with career pathways in high-growth industries which provides a list of high demand industries in Broward County for potential employment.

*Additional programs include IPS services, OIC, Flight Center, Vocational Rehab and Handy.*

### Housing

#### *Broward Partnership and the Task Force for Ending Homelessness (TCO) Project*

- The taskforce provides case management services, health education, behavioral health support, and benefit eligibility assistance.

#### *Covenant House Florida*

- Covenant House serves runaways, homeless, and at-risk youth ages 18-22.
- At the time of the mapping, Covenant had a waitlist for at-risk youth housing.

#### *Henderson Behavioral Health*

- HBH has four residential treatment facilities:
  - Parkside House (Level 1) Group Home which has 24/7 nursing service,
  - Forensic Group (Level 1) is adult males with behavioral health and forensic involvement,
  - Rainbow Villa/Court Project (Level 2) Group Home is for some participants of Mental Health Court, and,
  - The Summit Supervised Apartments (Level 3), which is for individuals that are receiving therapeutic activities.
- HBH provides supportive housing, homeless services, HHOPE (Housing and Health Options Promote Empowerment) Project, Safe Haven (emergency shelter), and Chalet Apartments which are Broward's first Single Room Occupancy (SRO) project that provides permanent supportive housing for individuals with SMI.

#### *Lippman Family Center*

- Lippman provides shelter for short-term crisis to runaway youth ages 12-27 who are

abused, troubled, or homeless.

### Strengths

- The Consumer Advisory Council is active and engaged.
- Supervised Release Team (SRT) is utilized for reentry.

### Opportunities for Improvement

- There is a need for respite for youth reentering the community.
  - Youth with domestic violence charges and/or youth being held in detention with no desire to go home due to family issues or vice versa is a subset of youth that are difficult to find housing/placement for.
- Education and training initiatives for JPOs and the JPO intake team may be beneficial.

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# Broward County Priorities for Change

At the beginning of day two, priority areas were determined through a voting process. Workshop participants were asked to identify a set of priorities followed by a vote, where each participant has three votes. Participants were not allowed to vote for the same priority more than once. The voting took place on October 12, 2023 (Figure 4).



Figure 4. Priority Voting Session

As a result of day one discussions, 23 goals/priorities emerged. Only the top five of the 23 goals are addressed in the action plan, as they were voted most important and actionable for the group participating in the SIM. However, the entire list of the goals/priorities is provided below to guide future planning efforts (Table 3). The top five priorities / goals are identified in bold text.



**Table 3.**  
*Priority Voting Survey Results*

| Priority Area/Goal   | # Votes   |
|--|-----------|
| <b>Respite Options: 1) Respite for youth in school 2) Respite for youth leaving detention who cannot go home (shelter youth)</b>   | <b>22</b> |
| <b>School Baker Act Pathways (mental health vs. safety concerns)</b>   | <b>19</b> |
| <b>Early Identification Models to address ACEs (e.g. Handle with Care Model)</b>   | <b>13</b> |
| <b>Initiative to Address Racial Disparities (in identification of BH issues vs. negative labeling of behaviors)</b>  | <b>13</b> |
| <b>Initiative Specific for Incompetent to Proceed target population</b><br><ul style="list-style-type: none"> <li>• <b>Addressing specific needs of ~25 youth</b></li> </ul> | <b>9</b>  |
| Formalize Planning for Baker Act Discharge (re: engagement of BBHC Care Coordination Team upon youth admission to CCSU)  | 7         |
| Services for youth on DJJ Intake Status; Longevity on Intake Status  | 6         |
| Reentry drop-in center   | 6         |
| Community Awareness  | 5         |
| Leadership/accountability  | 5         |
| Cultural Competence: 1) Youth/family need, 2) System culture   | 4         |
| Therapeutic Services at Detention  | 4         |
| Levels of Care: Outpatient and PHP Programming   | 3         |
| Navigation of Services among individuals/consumers (natural supports, faith based etc.)  | 2         |
| Early Engagement in Services- 0-1 intercept focus  | 2         |
| Stronger partnership with LE   | 2         |
| Stigma/Language  | 1         |
| Family Engagement & Buy-In   | 1         |
| Services for the Whole Family Unit   | 1         |
| Focus on Collaboration in Practice vs. Paper   | 1         |
| Training and Implementation Management (measurement on training initiatives)   | 0         |
| Use of data to drive outcomes/vision   | 0         |
| Formalizing boundary spanner roles/functions   | 0         |



# Broward County Action Plan

## Action Planning Process

On day two, the stakeholders were split into breakout groups to begin to form tasks/objectives and performance measures/action steps for each goal/priority area identified (Figures 5 and 6). Each group was comprised of 7-9 individuals who self-selected into their group of interest (Table 3). Following the breakout activity, each group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion to allow for group feedback and suggestions.



Figure 5. Action Planning Break Out Group



Figure 6. Presenting Out on Action Plan

**Table 3.**  
Summary of Action Planning Group Participants

| Group  | Participants   |
|--|--|
| <b>Priorities</b>  |  |
| <b>Respite Options (for youth in school, for youth leaving detention who cannot go home/shelter youth)</b>                 | Donna Lavalley, Jessica Acuna, William King, Joe Lawrena, Shana Pollitt-Wright, Tamica Schweitzer, Tatyana Anglade   |
| <b>Enhance School Baker Act Pathways to Prioritize Mental Health and Safety</b>  | Tiffany Lawrence, Shari Thomas, Jarris Brunson, Renzo Torrange, Susan Eby, Yolanda Brown, Teves Bush, Marisa Kinney, Susan Robinson                                  |
| <b>Implement Early Identification Models to Address Adverse Childhood Experiences (ACEs) (e.g. Handle with Care Model)</b> | Ashley Cole, Greg Myer, Angela Green, Susan Nyamora, Kayla Calafiore, Norma Wagner, Alfonso Ruiz, Joel Smith, Toby Pina  |
| <b>Addressing Racial Disparities in Behavioral Health Identification and Labeling</b>                                      | Maxson Conserve, Erin Byrne, Rachael Craig-Dunn, Leonard Ross, Leslie Rodriguez, Ismael Romero III, Kurt Schmidt, Sarah, Gillespie Cummings, Dr. Tiffany Hill-Howard |
| <b>Improving Services for Incompetent to Proceed (ITP) Youth Population (addressing specific needs of ~25 youth)</b>       | Gloria Moschella, Natalie Davis, Lori Battaglia, Melinda Blostein, Marie Alcaez, Eleanor Weekes, Matthew Hyrue   |

## Action Plan Monitoring

The stakeholders were enthusiastic participants in the development of a strategic action plan during the mapping event (Figure 7). 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.

Figure 7. Broward County Juvenile SIM Group



Regularly following up on an action plan is of paramount importance as it serves as the mechanism for accountability and progress tracking. An action plan is not a static document meant to gather dust on a shelf; rather, it is a living roadmap to drive change and achieve goals. Regular check-ins ensure that responsible parties are held accountable for their assigned tasks, promoting a culture of responsibility and commitment. It allows for the identification of any challenges or obstacles that may have arisen during implementation, facilitating timely adjustments to keep the plan on course. Moreover, consistent follow-ups demonstrate the community's dedication to the plan's success, reinforcing a sense of urgency and shared responsibility among stakeholders. By actively monitoring and updating the action plan, it becomes a powerful tool for driving tangible and sustained outcomes rather than a mere archival artifact. Facilitators recommended the following strategies to ensure adequate follow-up and routine monitoring occurs:

- Establish review of the action plan as a **routine agenda item** at community meetings.
- Widely **promote commitments** made in the action plan within and outside of each stakeholder organization.
- Identify who and/or which agency will be responsible for **monitoring progress** on each assigned task.
- **Define outcomes and metrics** that will be used to measure progress.
- Require responsible parties to **provide regular status reports** and items for discussion that address any barriers to implementation.
- Develop **visual representations** (e.g. scorecards or dashboards) that track progress.
- **Collect feedback** from mapping participants and key stakeholders to identify their perception of progress and areas for improvement.
- Clearly **define escalation procedures** where tasks are falling behind or encountering significant challenges.

- **Embed the action plan and community vision into all organizations** through the use of grant proposals, marketing materials and related means to demonstrate commitment to shared goals.

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

1. Respite Options (for youth in school, for youth leaving detention who cannot go home/shelter youth)
2. Enhance School Baker Act Pathways to Prioritize Mental Health and Safety
3. Implement Early Identification Models to Address Adverse Childhood Experiences (ACEs) (e.g. Handle with Care Model)
4. Addressing Racial Disparities in Behavioral Health Identification and Labeling
5. Improving Services for Incompetent to Proceed (ITP) Youth Population (addressing specific needs of ~25 youth)

# Broward County Action Plan

## Goal 1: Respite Options (for youth in school, for youth leaving detention who cannot go home/shelter youth)

| Task  |  | Performance Measure   | Lead Person or Organization   | Projected Completion Date |
|---|--|---|---|---------------------------|
| <b>Objective 1.1: Begin Data Collection</b>   |  |   |   |                           |
| 1.1a  | Collect all relevant data. <ul style="list-style-type: none"> <li>• Determine who needs respite               <ul style="list-style-type: none"> <li>○ Obtain the data of youth involved in JJ.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• # of children that are DV</li> <li>• # Civil citations</li> <li>• # Misdemeanors</li> <li>• # of BA of youths - Youth involved in hospitalizations</li> </ul>  | <ul style="list-style-type: none"> <li>• DJJ</li> <li>• DCF</li> <li>• Court system</li> <li>• Hospitals</li> </ul> | 1-3 months                |
| 1.1b  | Analyze data report to identify trends and gaps.   | <ul style="list-style-type: none"> <li>• Why did previous respite care lose funding?</li> <li>• Identify barriers preventing certain youth from accessing diversion options</li> </ul>  | <ul style="list-style-type: none"> <li>• DJJ</li> <li>• DCF</li> <li>• Court system</li> <li>• Hospitals</li> </ul> | 6 months                  |
| 1.1c  | Develop and disseminate data report to stakeholders.   | <ul style="list-style-type: none"> <li>• Comprehensive report detailing findings from data analysis</li> <li>• Report shared with key stakeholders including judges and decision-makers</li> </ul>  | <ul style="list-style-type: none"> <li>• Judge</li> </ul>   | 6 months                  |
| <b>Objective 1.2: Evaluate Existing Respite Options and Explore Expansion Opportunities</b> |  |   |   |                           |
| 1.2a  | Assess available respite services and identify potential expansion partners.   | <ul style="list-style-type: none"> <li>• List and identify the # of agencies with capacity to expand               <ul style="list-style-type: none"> <li>• Conduct outreach to Miami Ridge for beds</li> </ul> </li> <li>• Establish action planning group to complete assessment</li> </ul> | <ul style="list-style-type: none"> <li>• Action planning group (see Table 3)</li> </ul>                             | Ongoing                   |
| <b>Objective 1.3: Explore Non-Traditional Funding Sources for Respite Services</b>          |  |   |   |                           |
| 1.3a  | Research national models to identify best fit for community needs.   | <ul style="list-style-type: none"> <li>• Evaluate various national models to determine suitability for local context</li> <li>• Involve action planning group in research process</li> <li>• Select which model is the best fit for community</li> </ul>                                      | <ul style="list-style-type: none"> <li>• Action planning group (see Table 3)</li> </ul>                             | End of 2024               |
| 1.3b  | Identify funders who are willing to fund this population.  | <ul style="list-style-type: none"> <li>• Compile a list of potential funders interested in supporting respite services for vulnerable youth</li> </ul>  | <ul style="list-style-type: none"> <li>• Action planning group (see Table 3)</li> </ul>                             | Ongoing                   |

|  |  |  |   |         |
|--|--|--|---|---------|
|  |  | <ul style="list-style-type: none"> <li>• Regularly update the list with new opportunities and contacts</li> <li>• Engage the action planning group in identifying and pursuing funding sources</li> </ul>  |   |         |
| <b>Objective 1.4: Foster Collaboration Among Key Stakeholders to Coordinate Respite Activities</b> |  |  |   |         |
| 1.4a   | Facilitate collaborative partnerships with DJJ, Miami Ridge, and judicial systems. | <ul style="list-style-type: none"> <li>• Encourage ongoing communication and collaboration between involved parties</li> <li>• Foster relationships to streamline referral processes and service delivery</li> <li>• Coordinate efforts through regular meetings and communication channels</li> <li>• Engage the action planning group in facilitating collaboration</li> </ul> | <ul style="list-style-type: none"> <li>• Action planning group (see Table 3)</li> </ul> | Ongoing |

## Goal 2: Enhance School Baker Act Pathways to Prioritize Mental Health and Safety

| Task   |  | Performance Measure   | Lead Person or Organization   | Projected Completion Date |
|--|--|---|---|---------------------------|
| <b>Objective 2.1: Minimize Trauma to Children Subject to Baker Act Orders</b>          |  |   |   |                           |
| 2.1a   | Assess current Baker Act standards and requirements within the District.             | <ul style="list-style-type: none"> <li>Identify opportunities to replace law enforcement officers (LEO) with trained clinicians or school officials during Baker Act incidents</li> <li>Collaborate with Broward County Public Schools (BCPS) to review existing protocols and identify areas for improvement</li> </ul>  | <ul style="list-style-type: none"> <li>BCPS</li> </ul>  | Ongoing                   |
| 2.1b   | Educate parents about the Baker Act process and rights.                              | <ul style="list-style-type: none"> <li>Develop a comprehensive plan to educate parents about the Baker Act process, including communication strategies such as e-blasts, text messages, and handbooks</li> <li>Coordinate with BCPS to ensure consistency and clarity in messaging</li> </ul>   | <ul style="list-style-type: none"> <li>BCPS</li> </ul>  | January 2024              |
| 2.1c   | Establish a stakeholder group to explore practice changes.                           | <ul style="list-style-type: none"> <li>Identify key stakeholders, including parents, educators, mental health professionals, and community leaders</li> <li>Facilitate discussions and collaboration to explore alternatives to current practices involving law enforcement</li> <li>Disseminate information about the stakeholder group to relevant parties</li> </ul> | <ul style="list-style-type: none"> <li>BCPS</li> </ul>  | Ongoing                   |
| <b>Objective 2.2: Minimize Law Enforcement Interface in School Baker Act Incidents</b> |  |   |   |                           |
| 2.2a   | Understand BCPS process to reduce law enforcement's involvement.                     | <ul style="list-style-type: none"> <li>Develop a clear process flow diagram illustrating the current Baker Act procedures and alternative pathways to law enforcement involvement</li> <li>Engage the action planning group and BCPS stakeholders in the development and review process</li> </ul>  | <ul style="list-style-type: none"> <li>BCPS</li> <li>Action planning group (see Table 3)</li> </ul> | January 2024              |
| 2.2b   | Establish a pilot program to securely transport students during Baker Act incidents. | <ul style="list-style-type: none"> <li>Conduct research to evaluate the feasibility and effectiveness of contracting with a private company for</li> </ul>  | <ul style="list-style-type: none"> <li>Broward County</li> <li>DCF</li> </ul>                       | January 2024              |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | <p>student transportation during Baker Act incidents</p> <ul style="list-style-type: none"><li>• Collaborate with Broward County and the Department of Children and Families (DCF) to explore potential partnerships and logistical considerations</li></ul> |  |  |
|--|--|--|--|--|

**Goal 3: Implement Early Identification Models to Address Adverse Childhood Experiences (ACEs) (e.g. Handle with Care Model)**

| Task   |   | Performance Measure  | Lead Person or Organization  | Projected Completion Date |
|--|---|--|--|---------------------------|
| <b>Objective 3.1: Engage Existing/non-traditional Entities in the Education about ACEs for the Purpose of Screening and Identification of Trauma and Needs</b> |   |  |  |                           |
| 3.1a   | Facilitate ACEs education and screening initiatives.                | <ul style="list-style-type: none"> <li>Achieve a target of 15 new non-traditional entities implementing ACE screening protocols and ensuring appropriate referrals to support services</li> <li>Monitor and document the number of screenings conducted and successful referrals made</li> <li>Establish Early Identification Committee to oversee implementation</li> </ul>                         | <ul style="list-style-type: none"> <li>Early Identification Committee</li> </ul> | Ongoing                   |
| 3.1b   | Identify non-traditional entities for ACEs education and screening. | <ul style="list-style-type: none"> <li>Compile a comprehensive list of potential non-traditional entities such as OBGYN clinics, afterschool programs, and community partners</li> <li>Establish contact with key personnel or leadership within these entities to facilitate collaboration and implementation</li> <li>Establish timeframes for continuous identification and engagement</li> </ul> | <ul style="list-style-type: none"> <li>Early Identification Committee</li> </ul> | Ongoing                   |
| 3.1c   | Develop the data system to measure and track outcomes/family needs. | <ul style="list-style-type: none"> <li>Select and implement a suitable data system to monitor and track outcomes related to ACEs screening and family needs assessments</li> <li>Create a matrix to assess the effectiveness of different screening tools utilized by various entities</li> </ul>  | <ul style="list-style-type: none"> <li>Early Identification Committee</li> </ul> | Ongoing                   |
| <b>Objective 3.2: Foster Collaboration and Engagement through Utilization of ACEs Scores</b>   |   |  |  |                           |
| 3.2a   | Develop collaborative relationships by establishing MOUs.           | <ul style="list-style-type: none"> <li>Establish MOUs with relevant community organizations and service providers to facilitate effective communication and collaboration</li> </ul>   | <ul style="list-style-type: none"> <li>Early Identification Committee</li> </ul> | Ongoing                   |



|   |  |  |  |         |
|---|--|--|--|---------|
|   |  | <ul style="list-style-type: none"> <li>• Monitor the success of linkage and communication efforts through documented interactions and outcomes</li> <li>• Evidenced by successful linkage and communication</li> <li>• Establish process for continuous relationship building and monitoring</li> </ul>  |  |         |
| 3.2b  | Implement a referral tracking system.                                | <ul style="list-style-type: none"> <li>• Develop a system to track referrals made and measure the success of family engagements with support services</li> <li>• Monitor data to identify strong successful outcomes for families and areas for improvement</li> </ul>   | <ul style="list-style-type: none"> <li>• Early Identification Committee</li> </ul> | Ongoing |
| <b>Objective 3.3: Establish Effective Workflow and Training to Ensure Appropriate ACEs Application and Implementation</b> |  |  |  |         |
| 3.3a  | Develop and implement best practice workflow.                        | <ul style="list-style-type: none"> <li>• Create a standardized workflow for ACEs screening, referral, and support service engagement.</li> <li>• Ensure adherence to best practices and guidelines in ACEs identification and intervention</li> </ul>  | <ul style="list-style-type: none"> <li>• Early Identification Committee</li> </ul> | Ongoing |
| 3.3b  | Explore ways to leverage utilization of Handle with Care initiative. | <ul style="list-style-type: none"> <li>• Investigate opportunities to incorporate the Handle with Care initiative into existing ACEs identification and response efforts</li> <li>• Identify specific scenarios and instances where the Handle with Care model could be effectively utilized</li> <li>• Meet with existing adopters of Handle with Care model in FL</li> <li>• Conduct outreach to Handle With Care Technical Assistance entity (<a href="https://handlewithcarefl.org/contact-us/">https://handlewithcarefl.org/contact-us/</a>)</li> </ul> | <ul style="list-style-type: none"> <li>• Early Identification Committee</li> </ul> | Ongoing |

## Goal 4: Addressing Racial Disparities in Behavioral Health Identification and Labeling

| Task  |  | Performance Measure   | Lead Person or Organization  | Projected Completion Date |
|---|--|---|--|---------------------------|
| <b>Objective 4.1: Implementation of Race-Based Trauma Tool within Broward County's System of Care (SOC)</b> |  |   |  |                           |
| 4.1a  | Research and select appropriate tool.                        | <ul style="list-style-type: none"> <li>Form a research team comprising members from CSC Research Team and Broward County Children Services to identify existing tools for race-based trauma assessment</li> <li>Evaluate available tools to determine effectiveness and suitability for Broward County's context</li> </ul>   | <ul style="list-style-type: none"> <li>CSC Research Team Broward County Children Services</li> </ul> | January 31, 2024          |
| 4.1b  | Identify pilot communities to implement tool (33311, 33313). | <ul style="list-style-type: none"> <li>Engage communities within zip codes 33311 and 33313 to participate in the pilot implementation of the selected tool</li> <li>Organize community and participant meetings to educate stakeholders on the purpose and benefits of the tool</li> <li>Collaborate with FOF, SFWN, and Broward County for community engagement efforts</li> </ul> | <ul style="list-style-type: none"> <li>FOF</li> <li>SFWN</li> <li>Broward County</li> </ul>          | June 30, 2024             |
| 4.1c  | Administer Race-Based Trauma Tool.                           | <ul style="list-style-type: none"> <li>Conduct follow-up meetings with community members and participants to review the results of the administered tool</li> <li>Collect feedback and insights to inform adjustments and improvements to the tool implementation process</li> <li>Coordinate efforts among FOF, SFWN, and Broward County for tool administration</li> </ul>        | <ul style="list-style-type: none"> <li>FOF</li> <li>SFWN</li> <li>Broward County</li> </ul>          | September 30, 2024        |
| <b>Objective 4.2: Enhance Community and Stakeholder Engagement</b>  |  |   |  |                           |
| 4.2a  | Educate and train provider agency staff on tool use.         | <ul style="list-style-type: none"> <li>Educate staff from various agencies on the utilization of the race-based trauma tool</li> </ul>  | <ul style="list-style-type: none"> <li>BC</li> <li>CSC</li> <li>SFWN</li> <li>BBHC</li> </ul>        | January 2025              |

|  |  |  |   |         |
|--|--|--|---|---------|
|  |  | <ul style="list-style-type: none"> <li>• Determine the number of agencies committed to implementing the tool and identify the specific tools to be utilized</li> <li>• Collaborate with BC, CSC, SWFN, and BBHC to conduct training sessions</li> </ul>                    |   |         |
| <b>Objective 4.3: Improve Access to Culturally Representative Behavioral Health Care</b> |  |  |   |         |
| 4.3a   | Create and implement best practice principles. | <ul style="list-style-type: none"> <li>• Create a set of best practice principles to guide the delivery of culturally representative care</li> <li>• Document and evaluate the fidelity of implementation efforts to ensure adherence to established principles</li> </ul> | <ul style="list-style-type: none"> <li>• Race equity group (Casey Foundation) (Tiffany)</li> <li>• LEO</li> </ul> | Ongoing |

**Goal 5: Improving Services for Incompetent to Proceed (ITP) Youth Population (addressing specific needs of ~25 youth)**

| Task   |   | Performance Measure   | Lead Person or Organization   | Projected Completion Date            |
|--|---|---|---|--------------------------------------|
| <b>Objective 5.1: Designate agency to follow ITP youth from commitment through disposition and beyond.</b> |   |   |   |                                      |
| 5.1a   | Identify and contract with service provider.                      | <ul style="list-style-type: none"> <li>Complete the contracting process with the designated agency to oversee ITP youth</li> </ul>  | <ul style="list-style-type: none"> <li>BBHC</li> <li>DCF</li> </ul>   | 90 days                              |
| 5.1b   | Develop program policies and procedures.                          | <ul style="list-style-type: none"> <li>Submit program policies and procedures to the managing entity for review and approval</li> </ul>   | <ul style="list-style-type: none"> <li>BBHC</li> <li>DCF</li> </ul>   | 6 months                             |
| 5.1c   | Implement and integrate program policies.                         | <ul style="list-style-type: none"> <li>Conduct a comprehensive review of the program by the managing entity to ensure compliance and effectiveness</li> </ul>                                 | <ul style="list-style-type: none"> <li>BBHC</li> <li>DCF</li> </ul>   | 1 year                               |
| <b>Objective 5.2: Enhance Communication between Community and ITP Youth Serving Programs</b>               |   |   |   |                                      |
| 5.2a   | Provider to link to ITP (Program, youth, family).                 | <ul style="list-style-type: none"> <li>Ensure timely reporting from providers to court administration and all involved parties regarding program progress and youth well-being</li> </ul>     | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 14 days of treatment meetings |
| 5.2b   | Encourage attendance at all treatment meetings.                   | <ul style="list-style-type: none"> <li>Ensure providers attend all scheduled treatment meetings and report outcomes promptly to relevant stakeholders</li> </ul>                              | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 14 days of treatment meetings |
| 5.2c   | Facilitate warm handoff to all parties.                           | <ul style="list-style-type: none"> <li>Formally coordinate warm handoffs via MOUs between providers, court administration, and other involved parties to ensure continuity of care</li> </ul> | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 14 days of treatment meetings |
| <b>Objective 5.3: Address Mental Health Treatment Needs during and after Competency Restoration</b>        |   |   |   |                                      |
| 5.3a   | Assess and address the individual treatment needs of the youth.   | <ul style="list-style-type: none"> <li>Conduct ongoing assessment of individual treatment needs and provide regular updates to court administration</li> </ul>                                | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 7 days of treatment meetings  |
| 5.3b   | Maintain communication with all parties as part of the treatment. | <ul style="list-style-type: none"> <li>Maintain open communication channels via MOUs with all involved parties to ensure coordinated and effective treatment efforts</li> </ul>               | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 7 days of treatment meetings  |
| 5.3c   | Ensure continuation of services post-restoration.                 | <ul style="list-style-type: none"> <li>Ensure the continuation of necessary mental health services after competency restoration, with regular updates to court administration</li> </ul>      | <ul style="list-style-type: none"> <li>Community providers</li> </ul> | Within 7 days of treatment meetings  |

## 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. While comprehensive, long-term systemic changes are often necessary to address deep-rooted issues, quick fixes, provide immediate, visible results that can rally support, boost morale, and catalyze broader transformation that make implementation of the action plan more likely.

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.

- Explore reinvigorating CIT champion recognition programs.
- Conduct case study following youth upon Baker Act discharge.
- Conduct inventory and alignment of meetings for target population (youth with MH/SUD/COD and justice involvement) to eliminate meeting fatigue. Identify where meetings can be combined and/or streamlined to meet multiple needs.
- Formalize existing alumni/graduate programs for youth treatment courts as a potential pipeline for the workforce.
  - Drug Court, HOPE Court, Girls Court
- Coordinate/align community-wide resource guides.
- Engage JPOs in MHFA training.

## 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 Broward County for further discussion include:

- Need for higher levels of care for adolescents with co-occurring disorders
- Knowledge about Agency for Persons with Disabilities (APD) eligibility and barriers to engagement

## Recommendations

For each SIM, the TAC engages subject matter experts who can offer additional expertise based on the target population for the mapping. 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 CJMHSA TAC recommends the following actions:

1. Examine best practice models to enhance cultural competence across the system.
  - a. [SAMHSA TIP 59: Improving Cultural Competence Quick Guide for Clinicians](#)
  - b. Leverage existing role-play videos developed by South Florida Wellness Network to help practice cultural competence and skills from cultural competency trainings.
2. With a recent transition in Broward County Public Schools leadership, explore opportunities for coordination and collaboration with community-based providers and earlier identification and linkages to services.
3. Increase/examine MOU agreements among community partners to ensure formalized relationships among community partners are leveraged to the fullest extent.
4. Determine the feasibility of additional mental health and substance use disorder supports and services in the detention center, such as daily programming or leveraging peer support groups through SFWN.
  - a. Increase provider access to detention center to allow community providers to engage with existing and new clients.
5. Research funding opportunities to increase engagement of natural supports to reduce stigma in the community and for increased engagement of behavioral services for youth/families in need.
6. Increase Mental Health First Aid training opportunities among community members.
  - a. Leverage existing community trainers through SFWN.

The CJMHSA TAC is available for consultation as Broward 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:

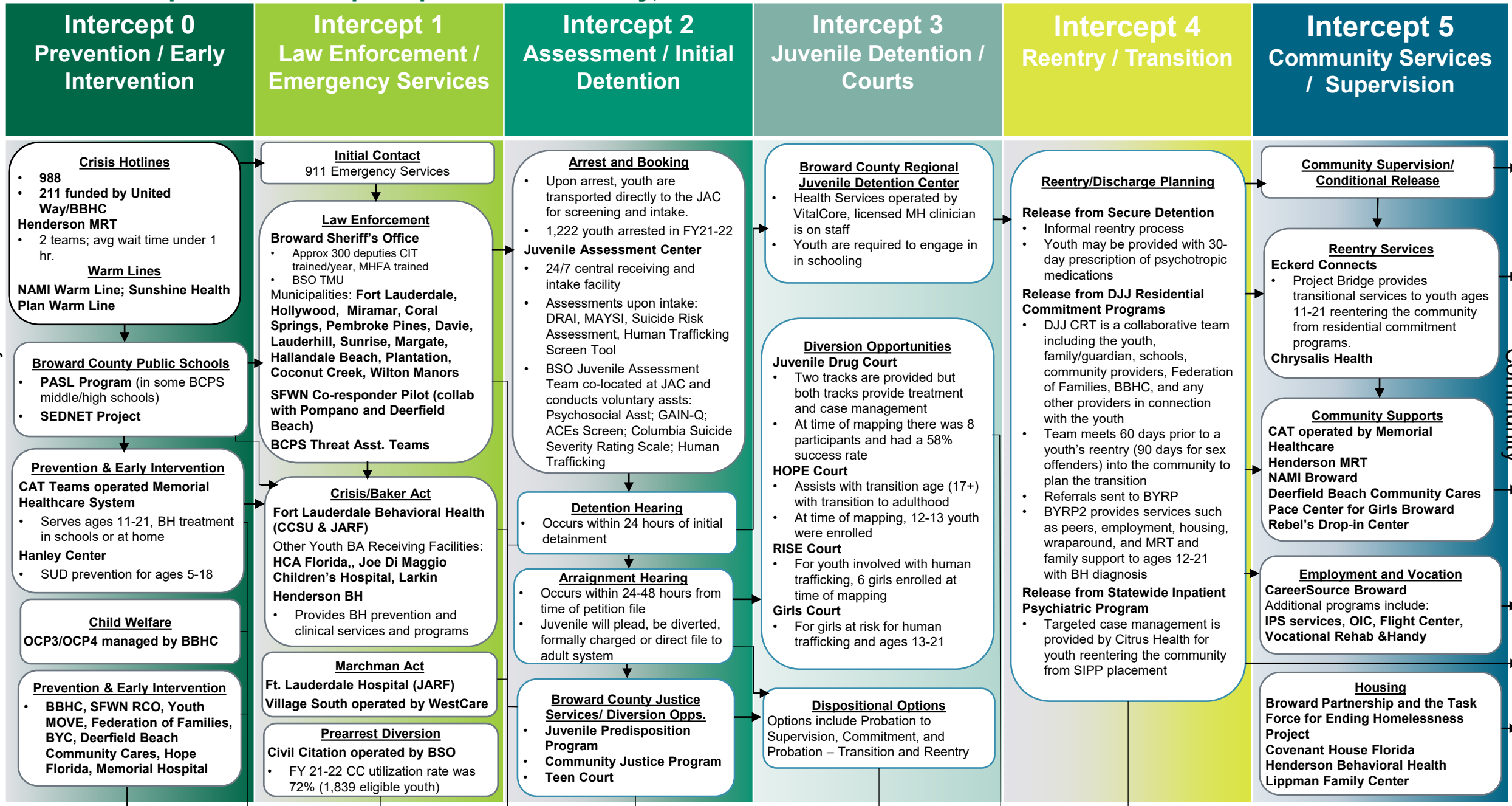
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# Juvenile Sequential Intercept Map: Broward County, Florida



Community

Community



## Appendix A: Participant List

| First Name  | Last Name          | Organization  | Email                                |
|-------------|--------------------|---|--------------------------------------|
| Jessica     | Acuna              | Legal Aid Service of Broward County                   | jacuna@LegalAid.org                  |
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|-------------|----------------|---|---|
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| First Name | Last Name | Organization                        | Email                      |
|------------|-----------|-------------------------------------|----------------------------|
| David      | Watkins   | Broward County                      | daviwatkins@broward.org    |
| Eleanor    | Weekes    | Broward Behavioral Health Coalition | eweekes@bbhcflorida.org    |
| Mark       | Wright    | Fort Lauderdale Police Department   | mwright@fortlauderdale.gov |

## Appendix B: Broward County Data Snapshot

This appendix summarizes publicly available data concerning Broward 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 Broward County stakeholders, and web resources.

**Table B1.**

*Involuntary Baker Act Examinations by Receiving Facility\**

| Receiving Facilities                                 | Total Involuntary Exams in FY 2021-2022 | Percent of Total Involuntary Exams for <18 |
|--|---|--|
| Fort Lauderdale Behavioral Health Center             | 3,216                                   | 43.13%                                     |
| Memorial Regional Hospital                           | 3,361                                   | 23.71%                                     |
| HCA Florida Woodmont Hospital                        | 950                                     | 20.32%                                     |
| Larkin Community Hospital Behavioral Health Services | 341                                     | 15.25%                                     |
| Broward Health Medical Center                        | 2,406                                   | 0.58%                                      |
| Broward Health Imperial Point                        | 2,191                                   | 0.18%                                      |
| Stewart FL Medical Center                            | 651                                     | 0.00%                                      |
| Henderson Behavioral Health                          | 309                                     | 0.00%                                      |

(Baker Act Reporting Center FY 2021-2022 Annual Report, 2023)

\*table is comprised of data for adult and youth residents of Broward County, FL

**Table B2.**  
*Broward County Civil Citation Data*

| <b>Month</b>  | <b>Youth CC Eligible</b> | <b>Issued CC (count)</b> |
|---------------|--------------------------|--------------------------|
| January 2023  | 126                      | 112                      |
| February 2023 | 191                      | 175                      |
| March 2023    | 154                      | 133                      |
| April 2023    | 177                      | 156                      |
| May 2023      | 197                      | 178                      |
| June 2023     | 61                       | 32                       |
| <b>Total</b>  | <b>906</b>               | <b>786</b>               |

(Florida Department of Juvenile Justice, 2023)

## 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<br>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: CJMHTA TAC Facilitator Bios

### Abby Shockley, MPH, Director, CJMHTA TAC



Abby is the Director of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA 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, MA, MS, Assistant Program Director, CJMHTA TAC



Katelind is the Assistant Program Director at the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC). At the CJMHTA 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 CJMHTA 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, CJMHTA TAC



Mary (Beth) Holland is excited about her new role as the Learning and Development Facilitator at the CJMHTA 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, LMHC, CJMHTA 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.



## Appendix E: Broward County Youth Community Provider Services List (June 2021)



| Agency                               | Program Name                  |                                    | Service Location / Target Population | Description  | Contact Information  |
|--------------------------------------|-------------------------------|------------------------------------|--------------------------------------|--|--|
| <b>Mental Health Services</b>        |                               |                                    |                                      |  |  |
| <b>Smith Community Mental Health</b> | Traditional   Outpatient TBOS | Medicaid HMOs, Uninsured           | County Wide                          | Utilizing a variety of evidenced based models. Therapy in an outpatient delivery.  | <b>Michael Houghtaling, Supervisor</b><br>954-321-2296 x219<br><a href="mailto:Michael.houghtaling@smithcmh.com">Michael.houghtaling@smithcmh.com</a>  |
| <b>Memorial Health</b>               | CAT Team                      | Grant Funded                       | County Wide                          | Aimed at keeping those at-risk children in a setting that avoids residential programs. Wrapping the family in a full-service dynamic; offering a therapist, a case manager, a peer, and working alongside of the schools, JPOs, and other community systems. In addition to providing the psych services and medication management. Criteria ages 11-21, intense MH needs and diagnosis. 2+ hospitalizations, stepping down from RTC, DJJ, poor academic history.<br>Referral link and any extra collateral (DC records etc) submitted together.<br>9 Month program can be extended if needed.<br>Hand off referrals completed at DC | <b>Angela Stanley</b><br><a href="mailto:anstanley@mhs.net">anstanley@mhs.net</a><br><br><a href="https://www.cognitofrms.com/BrowardBehavioralHealthCoalition/communityaction/treatmentcatteamreferral">https://www.cognitofrms.com/BrowardBehavioralHealthCoalition/communityaction/treatmentcatteamreferral</a> |
| <b>Memorial Health</b>               | Youth and Family OP           | Medicaid, uninsured, and some HMOs | County Wide                          | Incorporating individual and family elements in the family dynamic and treatment plan. Spanish and Creole speaking with  | <b>Marilyn Camerota</b><br>954-276-0822<br><a href="mailto:mcamerota@mhs.net">mcamerota@mhs.net</a>  |
| <b>Memorial Health</b>               | ReCreations                   | All insurance outside of Medicaid  | County Wide                          | Ages 11-21; in home therapy community based implantation. Must have a substance abuse issue or co-occurring diagnosis. Services rendered in home, school and community. 4 month long intervention; following the TF-CBT modality and utilizing motivational interviewing and client centered techniques.   | <b>Sheilla Brunelus</b><br><a href="mailto:SBrunelus@mhs.net">SBrunelus@mhs.net</a><br>954-276-0852  |

| Agency                             | Program Name                             |  | Service Location / Target Population | Description   | Contact Information  |
|------------------------------------|--|--|--------------------------------------|---|--|
| <b>Chrysalis</b>                   | Youth and Family Clinical Outpatient     | All Medicaid HMOs, BCBS, COVID grant for uninsured | State Wide                           | In home counseling ages 3-18 (adult service available). Implementing a series of modalities to address many MH diagnoses, trauma, grief, family conflict, anxiety, anger, depression, SI, family violence, abuse and neglect.   | <a href="mailto:referrals@chrysalishealth.com">referrals@chrysalishealth.com</a><br>Regine Orphe (intake supervisor)<br>954-587-1008 ext 1034<br><a href="mailto:rophe@chrysalishealth.com">rophe@chrysalishealth.com</a><br>Adriana Santana (clinical director)<br><a href="mailto:asantana@chrysalishealth.com">asantana@chrysalishealth.com</a> |
| <b>Camelot</b>                     | In home individual and family counseling | Medicaid and uninsured                             | County Wide                          | In-Home Counseling program for children ages 4-17 (and up to 22 for some funders) has openings for Medicaid and UNINSURED clients in need of behavioral/mental health services.   | <b>Tom Centinaro</b><br><a href="mailto:tcentinaro@camelotcommunitycare.org">tcentinaro@camelotcommunitycare.org</a>   |
| <b>PACE Center for Girls</b>       | REACH Program                            | Grant Funded                                       | 2225 N Andrews Ave Wilton Manors FL  | Community Mental Health program, aimed at preventative care. Providing linkage to family strengthening programs as well as REACH individual therapy with a large family component. Can provide in home services as well as in the school settings.  | <b>Orlane Cameron, LCSW</b><br><a href="mailto:Orlane.Cameron@PaceCenter.org">Orlane.Cameron@PaceCenter.org</a><br>Office: (954) 561-6939 Ext: 3834<br>Cell: 954-295-8403  |
| <b>Henderson Behavioral Health</b> | BNET                                     | Non-Medicaid, CMS/Healthy Kids                     | County Wide                          | A comprehensive behavioral health program; includes wrap around case management, individual and family therapy, medication management, linkage to pro social activities, specific to CMS healthy kids clients and families. 5-18.   | <b>Leot Densmore</b><br><a href="mailto:ldensmore@hendersonbh.org">ldensmore@hendersonbh.org</a>   |
| <b>Henderson Behavioral Health</b> | Family Preservation                      | BBHC funded, no insurance needed                   | County Wide                          | For families who have been referred by law enforcement due to concerns of possible abuse and/or neglect. Individual and family therapy, as well as parent education, is provided in the home environment to preserve the family unit while also decreasing the risk of abuse and/or neglect | <b>Treasa Nelson</b><br>Cell: 954-369-7452<br><a href="mailto:tnelson-piscitello@hendersonbh.org">tnelson-piscitello@hendersonbh.org</a>   |
| <b>Henderson Behavioral Health</b> | BRIDGE                                   | County Funded, all insurance                       | County Wide                          | A collaborative program providing adolescents who are experiencing co-occurring mental health and substance use disorders with a coordinated, continuous and integrated system of care. It includes a team approach providing intensive in-home services utilizing Motivational             | <b>Carla Schneider</b><br><a href="mailto:cschneider@hendersonbh.org">cschneider@hendersonbh.org</a>   |

| Agency                                      | Program Name                             |  | Service Location / Target Population | Description  | Contact Information  |
|---|--|--|--------------------------------------|--|--|
|   |  |  |                                      | Interviewing and the Wraparound approach.  |  |
| <b>Henderson Behavioral Health</b>          | REACH                                    | County Funded all insurances               | County Wide                          | Focuses on youth who are recently discharged from residential treatment or are at risk of removal from home due to their behavioral health issues. This program utilizes a team approach providing intensive in-home services utilizing the Wraparound approach.   | <b>Joelle Saint-Louis</b><br><a href="mailto:jsaintlouis@hendersonbh.org">jsaintlouis@hendersonbh.org</a>  |
| <b>Center for Hearing and Communication</b> | Outpatient individual and family therapy | Sliding scale fee, uninsured               | County Wide                          | In home therapy services, offered to an individual or family member who is deaf or hard of hearing.  | <b>Nathalie Basna, LMHC</b><br><a href="mailto:nbasna@chchearing.org">nbasna@chchearing.org</a><br>754-444-3084  |
| <b>Banyan</b>                               | Clinical Outpatient Therapy Services     | Medicaid HMOS, uninsured, other insurances | County Wide                          | Starting at age 3. Comprehensive in home individual and family therapy. Offered to address a series of issues with client based approach. Trauma TFCBT clinicians, anger management, anxiety, depression, grief and many other client based needs.   | <b>Caitlin Laguerre</b><br>561-900-6118<br><a href="mailto:CLaguerre@banyanhealth.org">CLaguerre@banyanhealth.org</a>  |
| <b>Kid Inc</b>                              | Pre/Post Adoption Counseling Program     | Child Net Funding                          | County Wide children age 0-17        | Support services, clinical treatment, respite options, linkage to legal aid on cases with pre or post adoptive children and families in need of support services. If the child was adopted in Broward county.  | <b>Shakerah Hylton</b><br><a href="mailto:shakerahhylton@kidinc.org">shakerahhylton@kidinc.org</a><br>Phone: 954-390-7654 x 1341<br><b>Rachel Hord</b><br><a href="mailto:rachelhord@kidinc.org">rachelhord@kidinc.org</a> |
| <b>Kid Inc</b>                              | Clinician Outpatient Therapy Services    | Medicaid/ Uninsured / BBHC Fund            | County Wide children 0-5 and 5-17    | Infant mental health specialty programs funded by BBHC. Outpatient clinical services available offering hybrid in home and telehealth services. Focusing on trauma, adjustment, behavioral issues and overall family bonding. Emphasis of intervention is on the needs of the child not the parent.                                    | <b>Shakerah Hylton</b><br><a href="mailto:shakerahhylton@kidinc.org">shakerahhylton@kidinc.org</a><br>Phone: 954-390-7654 x 1341<br><b>Rachel Hord</b><br><a href="mailto:rachelhord@kidinc.org">rachelhord@kidinc.org</a> |
| <b>West Care</b>                            | The Tree Program                         | Grant Funded                               | County Wide Ages 12 -25              | Criteria for the program requires SUD or dual diagnosis. Targeted at populations of youth with substance abuse behaviors, other behavioral struggles, can also have some legal charges. Open to meeting within the community, meeting F2F but offering telehealth. Offering drug testing for clients as well as peer specialist on the | <b>Israel Gonzales</b><br><a href="mailto:israel.gonzales@westcare.com">israel.gonzales@westcare.com</a>   |

| Agency                               | Program Name                               |  | Service Location / Target Population        | Description   | Contact Information   |
|--------------------------------------|--|--|---|---|---|
|                                      |  |  |   | team.   |   |
| <b>Psychiatric Services</b>          |  |  |   |   |   |
| <b>Smith Community Mental Health</b> | Psych Assessment and Medication Management | Medicaid HMOs, Uninsured                           | Telehealth for the time being. (Plantation) | Psych services offered hand in hand with therapy services. Cannot see medication management services alone.                 | <b>Michael Houghtaling, Supervisor</b><br>954-321-2296 x219<br><a href="mailto:Michael.houghtaling@smithcmh.com">Michael.houghtaling@smithcmh.com</a>   |
| <b>Chrysalis Health</b>              | Psych Assessment and Medication Management | All Medicaid HMOs, BCBS, COVID grant for uninsured | State Wide                                  | In collaboration with clinical outpatient services.   | <a href="mailto:referrals@chrysalishealth.com">referrals@chrysalishealth.com</a><br><b>Krystal Pagan</b><br>954-587-1008 ext 1073<br><b>Helen Figueroa</b><br><a href="mailto:hfigueroa@chrysalishealth.com">hfigueroa@chrysalishealth.com</a><br><b>Gipsy Park (regional director)</b><br><a href="mailto:gpark@chrysalishealth.com">gpark@chrysalishealth.com</a> |
| <b>Banyan</b>                        | Psych Assessment and Medication Management | Medicaid HMOs, uninsured, and other insurances     | County Wide                                 | Can complete stand-alone psych assessment services and medication management.   | <b>Caitlin Laguerre</b><br>561-900-6118<br><a href="mailto:CLaguerre@banyanhealth.org">CLaguerre@banyanhealth.org</a>   |
| <b>Henderson Behavioral Health</b>   | Psych Assessment and Medication Management | Medicaid HMOs, Uninsured, BCBS, and many other     | 2900 W Prospect Rd Fort Lauderdale 33309    | On site meetings taking place with virtual telehealth offered to reach Licensed Psychiatrists on site at Henderson offices. | <a href="mailto:YCMintake@hendersonbehavioralhealth.org">YCMintake@hendersonbehavioralhealth.org</a>  |

| Agency                           | Program Name    |          | Service Location / Target Population        | Description  | Contact Information   |
|----------------------------------|-----------------|----------|---|--|---|
| <b>Grief and Trauma Services</b> |                 |          |   |  |   |
| Henderson Behavioral Health      | LIFT            | Medicaid | County Wide                                 | Individual and family therapy is provided in the home, specifically with children coping with abuse, neglect or a traumatic event. Solution-focused and Trauma-Cognitive Behavioral Therapy interventions are provided.  | Kimberly Alison<br><a href="mailto:kalison@hendersonbh.org">kalison@hendersonbh.org</a>           |
| Tomorrows Rainbow                | Rainbow Retreat | No Cost  | 4341 NW 39th Avenue Coconut Creek, FL 33073 | The Rainbow Retreat is our signature retreat for children, teens and adults who have experienced a stigmatic or traumatic death. The Retreat helps to heal and destigmatize grief and loss through art, games, therapeutic horsemanship, equine assisted learning activities, and of course, s'mores   | <a href="https://www.tomorrowsrainbow.org/services">https://www.tomorrowsrainbow.org/services</a> |
| Tomorrows Rainbow                | Camp Kangaroo   | No Cost  | 4341 NW 39th Avenue Coconut Creek, FL 33073 | Seasons Hospice Foundation, in collaboration with Tomorrow's Rainbow, presents Camp Kangaroo on November 9th & 10th, a free music therapy grief camp experience providing a supportive and therapeutic environment for children and teens who have experienced the death of someone special. Camp Kangaroo is offered in the Fall at Tomorrow's Rainbow on a Saturday & Sunday. Camp Kangaroo is free of charge for children 5-18 years old. | <a href="https://www.tomorrowsrainbow.org/services">https://www.tomorrowsrainbow.org/services</a> |
| Tomorrows Rainbow                | Club Seahorse   | No Cost  | 4341 NW 39th Avenue Coconut Creek, FL 33073 | TrustBridge Health, in partnership with Tomorrow's Rainbow, presents the Sea Star Program's Club Seahorse. This all-day camp experience is for Elementary & Middle school children and teens (K-8th), taking place on a teacher workday each fall at Tomorrow's Rainbow in Coconut Creek. This innovative program includes tons of fun, friendship and grief support   | <a href="https://www.tomorrowsrainbow.org/services">https://www.tomorrowsrainbow.org/services</a> |
| Tomorrows Rainbow                | Grief Groups    | No Cost  | 4341 NW 39th Avenue Coconut Creek, FL 33073 | Tomorrow's Rainbow provides free grief support groups to children ages 3 years old through high school and their families after the death of a significant person. Following orientation, services are on-going on our miniature horse farm in Coconut Creek   | <a href="https://www.tomorrowsrainbow.org/services">https://www.tomorrowsrainbow.org/services</a> |

| Agency                               | Program Name                    |                                   | Service Location / Target Population        | Description   | Contact Information   |
|--------------------------------------|---------------------------------|-----------------------------------|---|---|---|
| Tomorrows Rainbow                    | SHARE Program                   | No Cost                           | 4341 NW 39th Avenue Coconut Creek, FL 33073 | SHARE - Sharing Horses And Resources for Excellence. SHARE is a unique program that is tailored to your group's specific goals through Equine Assisted Psychotherapy & Learning (EAP/EAL), Therapeutic Horsemanship and animal interactions | <a href="https://www.tomorrowsrainbow.org/services">https://www.tomorrowsrainbow.org/services</a>   |
| Chrysalis                            | SAFETY Program                  | Medicaid HMOs                     | County Wide                                 | Sexualized specific therapy program. System Approach for Exploited and Traumatized Youth. Working with victims of human trafficking and any other form of sexual abuse and or exploitation.   | <a href="mailto:referrals@chrysalishealth.com">referrals@chrysalishealth.com</a>  |
| Chrysalis                            | STARRT Program                  | Medicaid HMOs                     | County Wide                                 | Only for children sexual abuse perpetrators; child on child.  | <a href="mailto:referrals@chrysalishealth.com">referrals@chrysalishealth.com</a>  |
| <b>Case Management Services</b>      |                                 |                                   |   |   |   |
| Center for Hearing and Communication | Youth Case Management Services  | Sliding Scale Fee, Uninsured      | County Wide                                 | Services provided to the deaf and heard of hearing community.   | <b>Nathalie Basna, LMHC</b><br><a href="mailto:nbasna@chchearing.org">nbasna@chchearing.org</a><br>754-444-3084                                       |
| Smith Community Mental Health        | Youth Case Management Services  | Medicaid HMO's, Uninsured         | County Wide                                 | Services occur in correlation with therapy programs.  | <b>Michael Houghtaling, Supervisor</b><br>954-321-2296 x219<br><a href="mailto:Michael.houghtaling@smithcmh.com">Michael.houghtaling@smithcmh.com</a> |
| Memorial Health                      | Youth Diversion Case Management |                                   | County Wide                                 |   | <b>Marilyn Camerota</b><br>954-276-0822<br><a href="mailto:mcamerota@mhs.net">mcamerota@mhs.net</a>   |
| Henderson Behavioral Health          | TIL Youth TCM                   | Medicaid, uninsured, BBHC funding | Ages 17-25                                  | Youth must be SPMI. Transitional youth case management provided in traditional wraparound and TIP modalities.   | <b>Stephanie Delice</b><br>954-735-4530 ext. 6223<br>786-592-8166<br><a href="mailto:sdelice@hendersonbh.org">sdelice@hendersonbh.org</a>             |

| Agency                             | Program Name                            |   | Service Location / Target Population | Description  | Contact Information  |
|------------------------------------|---|---|--------------------------------------|--|--|
| <b>Henderson Behavioral Health</b> | Youth Case Management Services          | Medicaid, Uninsured, other insurance HMOs | County Wide                          | Utilizes the Wraparound process as a way to ensure that children with behavioral health issues and their families have access to a comprehensive array of services that address physical, emotional, social and educational needs. This process is based on individualized, strength based, needs-driven planning and service delivery. Case Managers help families access support/services and identify relevant support systems through assessment, planning, linkage, advocacy and monitoring activities. | <a href="mailto:YCMintake@hendersonbehavioralhealth.org">YCMintake@hendersonbehavioralhealth.org</a>   |
| <b>Chrysalis</b>                   | Youth Case Management                   | Medicaid HMOs                             | County Wide                          | Case Management services to children, adolescents, and adults with multiple and complex needs. The primary goal of mental health targeted case management is to connect clients with needed services, including medical, social, educational, mental health, housing, insurance, employment, financial, and other services, so they can function as independently as possible in our communities.  | <a href="mailto:referrals@chrysalishealth.com">referrals@chrysalishealth.com</a>   |
| <b>Life Coaching Services</b>      |   |   |                                      |  |  |
| <b>Henderson Behavioral Health</b> | HYT Program                             | CSC Funded No Cost                        | County Wide                          | Ages 15-22; must present with dependency involvement, LGBTQ, delinquency system involvement, MS/HS age cross over or at risk youth in the academic setting, adjudicated dependent. Life coaches work on life skills, employability, and provide additional support and coordination. Client centered approach utilizing the TIP model.   | <b>Stephanie Delice</b><br>954-735-4530 ext. 6223<br>786-592-8166<br><a href="mailto:sdelice@hendersonbh.org">sdelice@hendersonbh.org</a>                  |
| <b>Gulf Coast</b>                  | HYT Program                             | Funded No Cost                            | County Wide                          | Geared towards TIL youth aging out of care. Ages 15-22. Assisting in the transitional stages towards adulthood.  | <b>Tania Hamilton</b><br>954-829-7453<br><a href="mailto:tania.hamilton@gcifcs.org">tania.hamilton@gcifcs.org</a>  |
| <b>Gulf Coast</b>                  | Young Adult Transitional Program (YATP) | BBHC Funded No cost                       | Ages 16-24. County Wide              | Community youth are provided with in home TIL life coaching services for youth and young adults with substance abuse and or mental health. Can provide to youth who are parents as well.   | <b>Tania Hamilton</b><br>954-829-7453<br><a href="mailto:tania.hamilton@gcifcs.org">tania.hamilton@gcifcs.org</a>  |
| <b>Harmony Development Center</b>  |   |   |                                      |  | <b>Christine Fabrico</b><br>954-766-4484<br>954-681-1814<br><a href="mailto:cfabrico@harmonydc1.org">cfabrico@harmonydc1.org</a><br><b>Amanda Gonzalez</b> |



| Agency                                    | Program Name              |                          | Service Location / Target Population                                 | Description  | Contact Information  |
|---|---------------------------|--------------------------|--|--|--|
|   |                           |                          |  |  | <a href="mailto:agonzalez@harmonydc1.org">agonzalez@harmonydc1.org</a>   |
| <b>PACE Center for Girls</b>              | HYT Program               | Funded / NO Cost         | County Wide  | Life coaching and therapy services with a focus on assisting young women MS and HS ages to develop life skills and other basic skills. Also assistance in health and wellness such as making doctors appointments and assisting in linking to medical appointments. DMV assistance and other real world experiences and supports.  | <b>Megan Coker Scott</b><br><a href="mailto:Megan.Coker@PaceCenter.org">Megan.Coker@PaceCenter.org</a><br>Office: (954) 561-6939 Ext: 3832<br>Cell: (786) 510-4674 |
| <b>Memorial Health</b>                    | HYT Program               | Funded/ NO Cost          | County Wide opening population for youth performing low academically | HYT (Healthy Youth Transitions) provides transitioning youth into independent living by providing disconnected youth the opportunity to develop the necessary skills to successfully reach their goal of living independently, being financially stable and gaining employability skills that will assist in them becoming successful adults.<br><br>The HYT program is targeted toward supporting youth aging out of foster care, youth involved in the Juvenile Justice System, youth identifying as LGBTQ, and disconnected youth with other issues that will prevent the youth from reaching their maximum potential and stable adulthood. | <b>Kiensha Sands</b><br><a href="mailto:ksands@mhs.net">ksands@mhs.net</a>   |
| <b>Day treatment/Respite/After School</b> |                           |                          |  |  |  |
| <b>Smith Community Mental Health</b>      | Comprehensive Day Program | Medicaid HMOs, Uninsured | Plantation   | Elementary and Middle School aged students who are struggling in their school setting due to behavioral and or mental health issues. Specifics in qualifications for those students with IEP.  | <b>Michael Houghtaling, Supervisor</b><br>954-321-2296 x219<br><a href="mailto:Michael.houghtaling@smithcmh.com">Michael.houghtaling@smithcmh.com</a>              |
| <b>Smith Community Mental Health</b>      | MOST Program              | CSC Funded               | North. Central. County Locations                                     | After school based program funded by CSC, martial arts component, after school camps. Not required in correlation with any other services.   | <b>Lila Machado</b><br>954-321-2296 x216<br><a href="mailto:Lila.Machado@smithcmh.com">Lila.Machado@smithcmh.com</a>   |



| Agency                               | Program Name               |                               | Service Location / Target Population   | Description   | Contact Information  |
|--------------------------------------|----------------------------|-------------------------------|--|---|--|
| Smith Community Mental Health        | PEACE Program              | CSC Funded                    | North. Central. South County Locations | Whispering Pines Students offered teen after school and summer camp program with like skills and activities. Not required in correlation with any other services.   | Gail Daley<br>954-321-2296 x207<br><a href="mailto:Gail.Daley@smithcmh.com">Gail.Daley@smithcmh.com</a>  |
| Smith Community Mental Health        | STEP Program               | CSC Funded                    | North and South Locations              | Job coaching and employment support. Virtually at this time but on-site services provided prior. Set up with employers, make a wage, and learn job skills. Not required in correlation with any other services.   | Liot Kazes<br><a href="mailto:Liot.Kazes@smithcmh.com">Liot.Kazes@smithcmh.com</a>                       |
| Smith Community Mental Health        | Weekend Respite            | CSC Funded                    | Plantation                             | Ages 5-13. Community field trips to teach behavioral regulation. Only during day hours from 10am-4pm only on Saturdays.   | Samantha Spann<br><a href="mailto:Samantha.Spann@smithcmh.com">Samantha.Spann@smithcmh.com</a>           |
| Center for Hearing and Communication | After School / Summer Camp | CSC Funded                    | Elementary Middle and HS               | Age-appropriate activities for youth that are hard of hearing.  | Olivia Angeli<br><a href="mailto:oangeli@chchearing.org">oangeli@chchearing.org</a>                      |
| PACE Center for Girls                | Day Program                | DJJ and State Funding         | 2225 N Andrews Ave Wilton Manors FL    | Year-round academic program with a substantial social services component. Designed for children who struggle in the traditional school setting and meet certain risk factors behaviorally and or emotionally. Serving Middle and High School ages.  | Jennifer Marquez<br><a href="mailto:Jennifer.marquez@pacecenter.org">Jennifer.marquez@pacecenter.org</a> |
| <b>ABA Therapy</b>                   |                            |                               |  |   |  |
| Behavioral Family Solutions          | ABA Therapy                | Medicaid, and other insurance | County Wide                            | Referral for service from PCP or treating psychiatrist/psychologist, provide intake form and link with an outside evaluation to confirm necessary diagnostic information. Therapist completes in home assessment for the purpose of validating the # of hours needed. ABA program aimed at developing a plan of care for the child and family. In home and school settings. | 954-289-0111   |

## Florida Harm Prevention and Threat Management Workflow

The primary goal of all school safety efforts is to prevent violence or harm to members of the school community. Effective threat management is the single greatest opportunity to prevent a school attack. The threat management process is a systematic, fact-based method designed to first identify whether behaviors and/or communications constitute a concern for violence or harm to another person. This flowchart is not all encompassing but should act as an aid for members to effectively work through the process of threat management. For further details, definitions, or explanations refer to the Florida Threat Management Manual.

