

Hillsborough County, Florida

Juvenile Sequential Intercept Mapping Report

April 19-20, 2022



UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences

Criminal Justice, Mental Health, and
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HILLSBOROUGH COUNTY JUVENILE SIM REPORT

ABBREVIATIONS

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

GENERAL LIST OF ABBREVIATIONS & DEFINITIONS

ACES	Adverse Childhood Experiences
ACTS	Agency for Community Treatment Services
ADC	Average Daily Census
ADP	Average Daily Population
AHCA	Agency for Health Care Administration
AOC	Administrative Office of the Courts
BA	Baker Act
BRU	HCSO Behavioral Resource Unit
CARD	Center for Autism and Related Disorders
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 that 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.
CCSU	Children's Crisis Stabilization Unit
CFBHN	Central Florida Behavioral Health Network
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Team
CJMHTA	Criminal Justice, Mental Health, and Substance Abuse
CJMHTA TAC	Criminal Justice, Mental Health, and Substance Abuse TA Center
CoC	Continuum of Care
CRS	Central Receiving System
CRT	Community Reentry Team
CRF	Central Receiving Facility
Crossover Youth	Youth involved in both the child welfare and juvenile justice systems
CSU	Crisis Stabilization Unit
CW	Child Welfare
DB-TAT	District-Based Threat Assessment Team
DCF	Florida Department of Children and Families

DJJ	Florida Department of Juvenile Justice
DRAI	Detention Risk Assessment Instrument
EARL	Early Assessment Risk List (screening instrument)
E/BD	Emotional/behavioral Disorder
EBP	Evidence-Based Practice
ECC	Early Childhood Court
EMS	Emergency Medical Services
ER	Emergency Room
ERC	Evening Reporting Center
FACT	Florida Assertive Community Treatment Team
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
GAIN	Global Appraisal of Individual Needs (screening instrument)
GAL	Guardian ad Litem
HCFPSC	Hillsborough County Family Prevention Services Collaborative Service Array
HCSO	Hillsborough County Sheriff's Office
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
JAC	Juvenile Assessment Center
JARF	Juvenile Addictions Receiving Facility
JDAP	Juvenile Alternative Diversion Program
JDO	Juvenile Detention Officer
JJMHC	Juvenile Justice Mental Health Court
JJTD	Juvenile Justice Transition Department (Hillsborough County PS)
JPO	Juvenile Probation Officer
JREP	Juvenile Reentry Education Program
LE	Law Enforcement
MA	Marchman Act
MAYSI	Massachusetts Youth Screening Instrument
MH	Mental Health
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NAMI	National Alliance on Mental Illness
PACT	Positive Achievement Change Tool Assessment (FL DJJ)
PAT	Prevention Assessment Tool (used by FL DJJ)
PSCC	Public Safety Coordinating Council
S4KF	Success 4 Kids & Families

SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SB-TAT	School-Based Threat Assessment team
SEDNET	Multiagency Service Network for Students with Severe Emotional Disturbance
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
SU	Substance Use
SUD	Substance Use Disorder
TAT	Threat Assessment
TBAH	Tampa Bay Academy of Hope
TPD	Tampa Police Department
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation
YAP	Youth Advocates Program
YAR	Youth at Risk

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Hillsborough 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 in Tampa, Florida at the 13th Judicial Circuit Court Complex on April 19-20, 2022. The SIM resulted in the start of a strategic plan for a targeted population, namely youth with substance use and/or mental health disorders (SAMH) who are involved in or at risk of involvement in the juvenile justice system in Hillsborough County, Florida. Moreover, the SIM is a tool that can facilitate integration of community planning related to the behavioral healthcare system and diversion efforts from juvenile justice settings.

This report includes:

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

BACKGROUND

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (TAC), provides training and technical assistance consultation to grantees of the Department of Children and Families (DCF) Criminal Justice Mental Health and Substance Abuse Reinvestment Grant Program (CJMHSA). 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 at the request of DCF to assist Hillsborough County with identifying opportunities for collaboration and shared priorities for systems change. This SIM was an accelerated event that was convened prior to the award of the CJMHSA Reinvestment grant for Hillsborough County supporting youth participating in the Juvenile Justice Mental Health Court. This SIM report provides Hillsborough County stakeholders 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 Substance Abuse and Mental (SAMH) disorders can be developed and implemented.
- Identification of resources, gaps in services, and opportunities within the existing public school system, behavioral healthcare system, juvenile justice system, law enforcement, court system 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 50 participants representing cross-systems stakeholders (Figure 1) including Hillsborough County Criminal Justice Unit, Hillsborough County School District, Hillsborough County Sheriff’s Office, Tampa Police Department, Florida Department of Juvenile Justice, Judiciary, State Attorney’s Office, Public Defender’s Office, Administrative Office of the Courts, parents, individuals with lived experience, Central Florida Behavioral Health Network, Florida Department of Children and Families, Medicaid Managed Health Care Lead, behavioral

health service providers and a cadre of other Hillsborough County stakeholders. A complete list of participants is available in Appendix A at the end of this report.



Figure 1. Sectors Represented at Hillsborough County SIM

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



Figure 2. WordCloud representing anonymous stakeholder feedback

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

OBJECTIVES OF THE SEQUENTIAL INTERCEPT MAPPING

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D. for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. The model was modified by the CJMHSA TAC to accommodate specific sectors and processes aligned child-serving systems including 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.

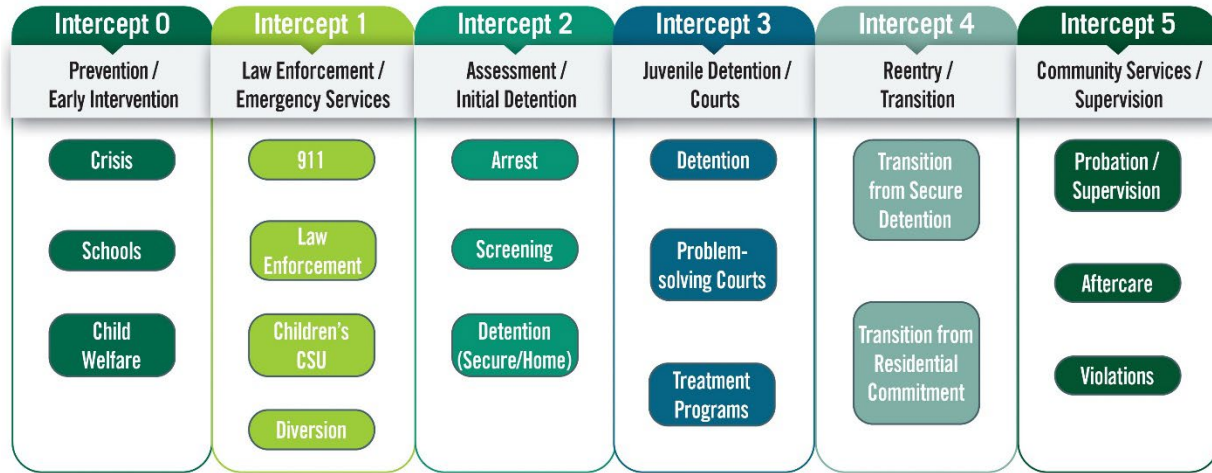


Figure 3. Juvenile Sequential Intercept Model Modification

The SIM has three primary objectives:

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

The Hillsborough County Juvenile SIM map is on page 38.

KEYS TO SUCCESS

History of Cross-Systems Partnerships

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

Existing partnerships include:

- Circuit 13 Juvenile Justice Circuit Advisory Board
- Safe & Sound Hillsborough Community Violence Prevention Collaborative
- Children’s Board of Hillsborough County
- Hillsborough County Family Partnership Collaborative
- Hillsborough Acute Care Group (coordinates the Baker Act receiving and transportation plan implementation)
- Hillsborough County Domestic Violence Task Force
- Youth at Risk (YAR) Committee
- Central Florida Behavioral Health Care Regional Council
- Hillsborough County Behavioral Health Taskforce
- Hillsborough County Public Safety Coordinating Council (PSCC)
- Community Alliance of Hillsborough County
- Champions for Children (formerly the Child Abuse Council)
- Circuit 13 Problem Solving Court Quarterly Stakeholder Meeting
- Hillsborough County Anti-Bullying Advisory Council
- Hillsborough County Public Schools
- Central Florida Behavioral Health Network
- Community Advisory Council- Hillsborough County Schools
- Student Advisory Council- Hillsborough County Schools

Existing strategic plans include:

- Circuit 13 Juvenile Justice Circuit Advisory Board Comprehensive Plans 2021-2024
- Hillsborough County Baker Act Receiving System and Transportation Plan 2022-2025
- Hillsborough County Domestic Violence Task Force Action Plan
- Safe & Sound Hillsborough Violence Prevention Collaborative Strategic Plan
- Hillsborough County Public Schools 5-Year Strategic Plan 2020-2025
- Hillsborough County Public Schools Mental Health Plan, 2021-2022
- 2020-2023 Florida Department of Children and Families Suicide Prevention Interagency Action Plan

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 participant commitment to an action plan. Remarks were provided on both days by:

- The Honorable Judge Ficarrota, Chief Judge, Thirteenth Judicial Circuit
- The Honorable Judge Essrig, Thirteenth Judicial Circuit
- Public Defender Julianne Holt, Thirteenth Judicial Circuit
- State Attorney Andrew Warren, Thirteenth Judicial Circuit
- Rob Parkinson, Hillsborough County Criminal Justice Liaison
- Meghan Speakes Collins, Deputy Assistant Secretary, DCF SAMH

HILLSBOROUGH COUNTY DATA SNAPSHOT

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

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HILLSBOROUGH COUNTY JUVENILE SIM NARRATIVE

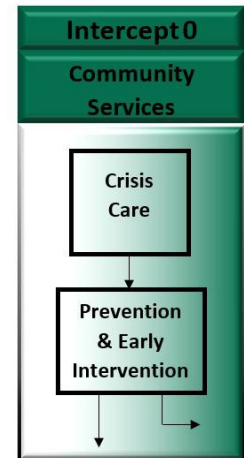
This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Hillsborough County Juvenile SIM map, especially program specifics and acronyms used on the map.

INTERCEPT 0—COMMUNITY SERVICES

Crisis Hotlines

Crisis Center of Tampa Bay / 211

- 211 is a 24/7 information and referral line for free information about available area services.
- Suicide prevention calls are connected to Gracepoint and information is provided whether concerning a youth or adult.
- Translation services are provided.
- Residents can access the crisis center by:
 - Phone: 211
 - Website: www.211atyourfingertips.org
 - Chat feature also an option to connect with Intervention Specialists available Monday-Friday, 6pm-10pm.
- Corbett Trauma Center is also available at (813) 264-9955
 - The Corbett Trauma Center provides trauma counseling, group therapy, and other support for individuals and families, including children.
 - Certified Rape Crisis Center
 - The local phone number for sexual assault support is (813) 264-9961.
- Suicide prevention as listed with the National Suicide Prevention Lifeline (1-800-273-8255 or 211 (now 988)).



Mobile Response Team (MRT) operated by Gracepoint (Intercepts 0 & 5)

- Gracepoint MRT is available 24 hours, 7-days-a-week. Calls are assessed based on level of need.
 - Triage is optimally immediate. Based on team capacity, the MRT may not be able to respond within the 60-minute mandated response window.
- The MRT is comprised of a licensed therapist and care manager and serves youth (in crisis at home or in community). A Peer Specialist is available to serve youth during daytime operating hours.
- Training for MRT staff is agency specific and provided internally by Gracepoint. Priority training areas include de-escalation and Motivational Interviewing.
- Law enforcement rarely utilizes the MRT due to delayed response times
 - Some patrol officers and deputies are unaware of MRT's scope of service or are unwilling/unable to wait due to projected response times.
- Once the MRT is in contact with the youth, they are assigned a care manager. The care manager conducts full needs assessment for the youth and family.
- If a Baker Act examination is warranted, parents have the option to transport youth to Gracepoint.
- Follow-up is conducted after the call / interaction with MRT. At the time of the mapping, there is an estimated 2-to-4 week wait time for services.
- Parents must consent and provide youth's mental health background for Gracepoint to provide mental health services.

Crisis Text Line

- Crisis Text Line is a free, 24/7, national high-quality text-based mental health support and crisis intervention line provided by empowering a community of trained volunteers to support people in their moments of need. Text line will provide referrals to 211.
- Text HOME to 741741 for support/services.

Never Use Alone

- Never Use Alone is a National 24/7 hotline (1-800-484-373).
- If an individual is using drugs alone, they can call the hotline. They will be asked for their first name, location, and the number they are calling from. An operator will stay on the line with the individual while they use drugs. If they stop responding after using, the operator will notify emergency services of an "unresponsive person" at their location.
- There is no linkage to services locally for callers who use this hotline.

Tampa Bay Thrive "Let's Talk"

- Tampa Bay Thrive operates "Let's Talk". This is a 24/7 mental health support line (1-844-YOU-OKAY?).
- This hotline will be transitioning to the National 988 Suicide Hotline.

Warm Lines

NAMI (National Alliance on Mental Illness) Warm Line

- Please call the NAMI HelpLine at 1-800-950-NAMI (6264) M-F, 10 am – 10 pm, ET | Or in a crisis, text "NAMI" to 741741 for 24/7, confidential, free crisis counseling.
- Additional NAMI Hillsborough resources and information is available at <http://namihillsborough.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.

Education

[Hillsborough County Public Schools Mental Health Plan](#)

- The Hillsborough County Public Schools Mental Health Plan was initiated in the 2021-2022 school year (August 10, 2021).
- School faculty and staff are trained to use a standardized threat assessment protocol (Comprehensive School Threat Assessment Guidelines).

District-Wide Mental Health Professionals 2021-2022 Ratios for Hillsborough County Public Schools (including those funded through the MH Plan)

- School Counselors: 1:443
- School Psychologists: 1:1,182
- School Social Workers: 1:862

Threat Assessment Teams (TATs)

School-Based Threat Assessment Team (SB-TAT)

- The SB-TAT consists of the principal or designated administrator(s), student services personnel, mental health professionals, law enforcement or school safety officers, and staff who are familiar with the student.

- A screening is conducted to determine if a youth is moderate-to-high risk and then the SB-TAT is sent to the school to conduct more in-depth assessment.
- Mental Health professionals employed by the school help determine if a Baker Act is appropriate.
- There are 3 to 4 MRTs within the county.

District-Based Threat Assessment Team (DB-TAT)

- There is a district-based team that performs triage for youth. The DB-TAT holds monthly meetings to review procedures and protocols related to threat assessment, referral, care coordination, information sharing, transition/return-to-school, and needs assessment.
 - Meetings with law enforcement are convened quarterly.
- The TAT is a team of licensed clinicians and receives calls from over 200 schools.
- Data is reviewed monthly and has indicated an estimated 50% diversions from Baker Act initiations in schools.
- The TAT provides a warm hand-off to Gracepoint and BayCare.
 - There is an estimated 4-week wait time for services following initial warm hand-off to community providers.

Hillsborough County Schools Hearings

- At school hearings, safety plans are composed for high-risk youth returning to the school district. A school counselor or community provider may be engaged in the hearing based on the school-based mental health capacity to meet the youth's needs. Most hearings happen on school campus.
- Both the school district and the principal are notified if student receives referral for mental health treatment from court system.
- Typically, for extensive mental health services, the youth and parent/guardian are referred to Gracepoint.
- Ultimately, it is the parent/guardian's choice to engage in mental health services. If resources are denied by parent/guardian, then law enforcement is typically involved with the youth.

Harm Reduction

- Narcan is readily available to SROs, law enforcement, and Juvenile Assessment Center (JAC) staff.
 - Approximately 1,600 doses are reserved for schools.
- Individuals are able to order naloxone kits by mail through the Harm Reduction Coalition of Florida.

SEDNET Project

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

Prevention & Early Intervention

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

- The CAT provides behavioral health services (intensive treatment in school, home or community settings) for youth aged 11-to-21.
- Eligible youth are those at risk of 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, crisis intervention and 24/7 on-call support, in-school advocacy/coordination, tutoring, legal system advocacy/coordination, parenting support, skills and behavior modification for the entire family, family support network development, employment/vocational services, life skills development, and respite services.
- At the time of the mapping, the CAT was serving 35 clients and at capacity
- Referrals for the CAT may come from schools, child welfare, or the children's crisis stabilization unit (CCSU).
- Presence of a Statewide Inpatient Psychiatric Program (SIPP) application prohibits CAT involvement.

Success 4 Kids & Families (S4KF) (Intercepts 0, 3,4 & 5)

- S4KF is a non-profit 501(c)(3) organization offering a comprehensive array of services to individuals and families struggling with mental health, behavioral and/or substance use challenges, and pre- and post-natal support services to new and expectant mothers in Hillsborough County. All of S4KF services are provided in the home or another community setting, and our staff work flexible hours to accommodate client schedules.
- S4KF serves as the SEDNET coordinator for Hillsborough County (through June 30, 2022).
- S4KF programs include:
 - Successful Kids coordinates access to mental health services and supports based on the individual needs of the child and family with the goal of keeping youth in their homes, schools, and communities.
 - Successful Students is a truancy intervention program targeted youth ages 6-to-16.
 - Successful Youth intervenes with youth have juvenile justice system involvement and services are focused on returning youth to their homes and communities.
 - Successful Parents provides services to parents who are struggling with mental illness. Professional case managers coordinate care with a focus on family and economic stability.
 - Healthy Start is a prenatal and postnatal support services for women and their infants who reside in Hillsborough County. The level and intensity of services provided are based on family needs.
 - Healthy Minds is an innovative program for youth and young adults who have recently begun experiencing unusual thoughts and behaviors or who have started hearing or seeing things that others don't.
 - Successful Families provides provide bilingual, culturally competent, community-based services for children and families in the communities surrounding the East and South Children's Board Family Resource Centers. S4KF coordinates access to needed services through the Promotoras model, including counseling and parenting support services through the Nurturing

Parenting Programs. This program is funded by The Children's Board of Hillsborough County.

- Healthy Transitions serves young adults ages 16-to-25 with mental health problems in Hillsborough and Pinellas Counties. The program provides mental health support services through individualized and group wellness activities.
- Youth Experiencing Success (YES)-Juvenile Justice Mental Health Court Expansion Project (05/01/2022) is a new grant program funded by the DCF Substance Abuse and Mental Health Reinvestment Grant to provide dedicated Family Navigators and Intensive Outpatient Mental Health Services to youth presenting with high risk for continued juvenile justice involvement *and* significant mental health and co-occurring disorders (described in detail in Intercept 3).

Impower

- Impower is a Florida- based telehealth provider for mental health and substance misuse treatment.
- Chrysalis has used Impower as a bridge between services.
- Services include psychiatric evaluations and treatment, assessments, individual and family counseling, medication management, and substance use services.
- Youth will attend initial appointment virtually and if on-site services are utilized then families will be incorporated. Follow up is provided and communication is maintained.

Child Welfare / Community-Based Care

- At the time of the mapping Hillsborough County was in the transition to a new community-based care provider, Children's Network of Hillsborough.
- Hillsborough County Sheriff's Office Child Protective Investigators are available 24/7. For the target population, they are often engaged when families have reached a "breaking point" (e.g. homicidal teens leading to lockouts).
 - Interagency staffing calls occur as cases arise
 - Wraparound is provided to prevent children from being placed in care
 - Cases are typically resolved locally vs. being escalated to regional/state

Hillsborough County Government Children's Services

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

- Hillsborough County Government Children's Services is the CINS/FINS Program provider contracted through Florida Network of Youth and Family Services (administrative service agency funded by the Department of Juvenile Justice). The Hillsborough County CINS / FINS Program has two components: residential and nonresidential services, designed to help families whose youth exhibit risk factors that make them more susceptible to becoming involved with Juvenile Delinquency or Dependency system. Services in both the CINS / FINS Residential and Non-Residential Programs are provided free of charge and additional referral options are available to all youth and families served in the program. Bi-lingual services are available in both the CINS / FINS Residential and Non-Residential Program. The goal of both the residential and nonresidential CINS / FINS Program is to reduce juvenile crime, while assisting, supporting, and strengthening the youth and families in Hillsborough County.

Domestic Violence Respite

- Hillsborough County provides respite services to families of youth involved as diversion for domestic violence intervention through the Judicial Circuit 13 Civil Citation Program which is also funded through DJJ CINS/FINS. Short-term residential stays occur with

family and youth therapy and intervention provided.

Hillsborough County Family Prevention Services Collaborative Service Array (HCFPSC)

- Hillsborough County Government funded partnership to reduce the amount of youth entering the dependency and delinquency system.
- Partners include Children’s Network of Hillsborough County, Gracepoint Behavioral Health, Children’s Home Network, and Gulf Coast Jewish Family and Community Services.
- Services include Domestic Violence Assessment, Mental Health Assessment, Kinship Care, Family Finding Services, and Family Support and Stabilization.

Strengths

- There are ongoing planning efforts for the implementation of “Let’s Talk” and the 988 hotline (organized by Tampa Bay Thrives).
- Narcan is widely accessible to SROs, law enforcement, and the JAC.
- There are multiple crisis hotlines available for community members to access.

Opportunities for Improvement

- Expand awareness of 211 and MRT to inform law enforcement and families of available resources for youth.
- The multitude of hotlines and numbers to call could be overwhelming to consumers. There is a need to conduct a hotline audit / “secret shopper” activity to identify the scope of each hotline and identify which to promote in certain circumstances.
- Some translation services are provided for 211 and other crisis hotlines. However, there is a need to determine opportunities to address cultural barriers to accessing services (e.g. stigma).
- There is under-utilization for the NAMI helpline.
- Mobile Response Team is in need of additional funding to increase capacity to meet the needs of Hillsborough County youth.
 - Telehealth may be an underutilized resource by MRT. Through use of telehealth may be able to increase engagement rate and address immediate needs within 60-minute window.
- There is an opportunity to leverage Medicaid coverage of telehealth services
- There is also a need to ensure there is adequate and timely follow-up after a warm hand-off from school TATs to community providers.
- There is a need to inform and increase awareness of available resources among SROs to give them alternate pathways/supports.
- Review data and privacy concerns to enhance care coordination between schools and community providers. (e.g. Implement or update ROI / MOUs).
 - Care coordination may also be enhanced to better serve parents/guardians and families in order to reduce system burnout/care coordination fatigue.
 - Explore possibility of “Committee for Family Care Coordination.”
- There is a need / interest in using Family Navigators and a creation of a committee to assist caregivers/parents involved and understand the process care coordination.
- There is an overlap between community-based and school-based MRTs. Consider overlaps of team specialist and braided funding approaches.
- Expand training/education for SROs, law enforcement, and providers to inform of all available community resources.
- There is a need to identify opportunities for early intervention/de-escalation of issues prior to abuse.

- It would be beneficial to have a specialized clinical team for MRT for cases where there is also child welfare involvement.

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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 law enforcement is often the first point of emergency contact and system response.
 - Individuals may request a CIT-trained officer.
- 911 is usually the default number called by families despite multiple crisis hotlines
- Transcare Ambulance Service is the emergency medical transportation provider in Hillsborough County as identified in the Hillsborough County Transportation Plan (including psychiatric transports).

Law Enforcement

Sheriff's Office

Hillsborough County Sheriff's Office (HCSO)

Municipal and Other Sworn Law Enforcement Agencies

Tampa Police Department (TPD)

Plant City Police Department

Temple Terrace Police Department

University Of South Florida Police Department

Tampa International Airport Police Department

HCSO Crisis Intervention Teams (CIT)

- Every HCSO deputy receives 40-hour Memphis Model CIT training.
 - CIT training is provided online through the training division.
 - There are plans to reestablish annual in-person trainings and recertifications in the future (stopped due to COVID-19).
 - HCSO supports awards for "CIT champions."

HCSO Behavioral Resource Unit (BRU)

- The BRU is an interdisciplinary unit of behavioral health and homeless initiative law enforcement deputies, licensed clinical social workers, licensed mental health counselors and civilian support staff, whose mission is to identify through proactive and reactive methods, at-risk community members within the mental health and homeless populations of Hillsborough County in order to provide them with intervention and guidance to case management assistance.
- The BRU is available Monday - Friday and work weekends until 8pm.
- The BRU receive over 5,000 mental health calls per year and serves primarily adults.
 - Served 200-300 adults and 80-100 juveniles
 - The BRU is called as first response for potential Baker Acts at school settings

TPD CIT

- All TPD new hires and field training officers will receive 40-hour Memphis Model CIT training. CIT refreshers are provided annually.

Tampa Crisis Intervention Response Team/TPD Behavioral Health Unit

- The TPD Co-Response Team in partnership with ACTS responds to crisis calls with a law enforcement officer and mental health clinician.



- There are a total of four teams (two teams at a time) and they operate between 8am – 11pm.
 - The unit is comprised of four law enforcement officers, four case managers, and four mental health clinicians and represents a partnership with Agency for Community Treatment Services (Community Behavioral Health Service Provider).

Crisis

Hillsborough County Baker Act Receiving and Transportation Plan 2022-2025

- All Baker Act and Marchman Act services are delivered in accordance with the *Hillsborough County Baker Act Receiving and Transportation Plan 2022-2025*. The plan is revised and renewed every three years and must be approved by the Board of County Commissioners and the Department of Children and Families Secretary.

Baker Act

- When a law enforcement officer arrives to an incident involving a youth, the law enforcement officer must determine if the youth in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
 - Youth are transported in restraints.
- Youth with behavioral health problems may be transported to CCSU or hospital for assessment and then transferred to ACTS JARF for detoxification as appropriate.
- In FY19-20, there were approximately 2,662 involuntary examinations (18.23% of all exams) for children (USF Baker Act Reporting Center, 2022). More detailed Baker Act data is presented in Appendix B.

Gracepoint Children's Crisis Stabilization Unit (CCSU)

- The CCSU is a 28-bed facility for youth ages 5-to-17 experiencing a mental health crisis.
- Law enforcement drop-off at the CCSU takes <30 minutes.
- The average length of stay is 3-5 days.
- The CCSU is often at capacity because it serves Hillsborough and surrounding counties.

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

- The CAT provides behavioral health services (intensive treatment in school, home or community settings) for youth aged 11-to-21.
- Eligible youth are those at risk of 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, crisis intervention and 24/7 on-call support, in-school advocacy/coordination, tutoring, legal system advocacy/coordination, parenting support, skills and behavior modification for the entire family, family support network development, employment/vocational services, life skills development, and respite services.
- At the time of the mapping, the CAT was serving 35 clients and at capacity
- Referrals for the CAT may come from schools, child welfare, or the children's crisis stabilization unit (CCSU).
- Presence of a Statewide Inpatient Psychiatric Program (SIPP) application prohibits CAT involvement.

Detoxification

Marchman Act

- If a youth is experiencing substance use problems, they may be transported by law enforcement or Transcare to the Juvenile Addictions Receiving Facility (JARF) operated by Agency for Community Treatment Services (ACTS).
- If a youth requires medical stabilization, youth may be transported to St. Joseph's Hospital Emergency Room or by Transcare or law enforcement. If law enforcement provides the transport, they must stay at the hospital with the youth.

Juvenile Addictions Receiving Facility (JARF) operated by ACTS

- The JARF is a 24-hour, secure substance use receiving facility providing emergency assessment, detoxification, stabilization, and short term (1-5 days) residential treatment for male and female adolescents between 12-17 years old.
- Upon discharge, youth may be referred to a residential program or outpatient treatment services.

ACTS Youth Residential Programs

- ACTS has two youth residential programs that provide treatment services for male and female adolescents who have abused alcohol and or other drugs. Residential treatment may be short term (28 days) or long term (3-6 months) based on individual circumstances. Alternative education is provided by local school system teachers on site.

Prearrest Diversion

Civil Citation operated by 13th Judicial Circuit Administrative Office of the Courts (AOC)

- The civil citation program is an alternative to arrest for all eligible youth ages 8 to 17 who commit first-time misdemeanors including.
- As of May 2021, juvenile civil citations are mandatory for all misdemeanors except in "extraordinary" circumstances. All law enforcement officers in Hillsborough are required to issue a civil citation "unless they have supervisor approval not to and there is an extraordinary circumstance such as a threat to the community or the safety and welfare of a crime victim".
 - Global Appraisal of Individual Needs (GAIN) screening conducted for older youth.
 - Early Assessment Risk List (EARL) screening conducted for younger youth.
- According to data provided by the Florida Department of Juvenile Justice (DJJ) between September 2021 and February 2022, 73% of eligible youth were issued a civil citation (326 youth eligible, 238 issued civil citation). The AOC reports receiving a total of 265 referrals during the same time period.

Strengths

- There is a strong effort to promote and provide CIT training to law enforcement officers in Hillsborough County.
- There is a need for mentorship programs for youth and the Public Defender's Office and Safe & Sound Hillsborough are in the planning phase for such program.
- The new community-based care provider that will take over in summer 2022 will provide opportunities for new collaborative partnerships.

Opportunities for Improvement

- Gracepoint CCSU is typically operating at capacity because it serves multiple surrounding counties.
- There is a gap in programs to send youth who are in recovery from substance use.
- There is a need for services to address youth with developmental disabilities who may sometimes be misidentified as having behavioral health problems.

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INTERCEPT 2—INITIAL JUVENILE DETENTION SCREENING & HEARINGS

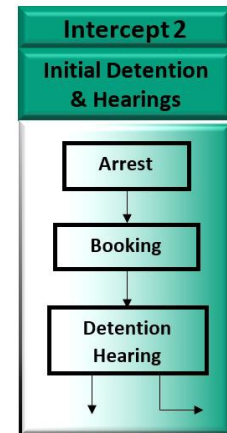
Arrest and Booking

Arrest/Taken into Custody

- When a youth is arrested, they are transported directly to the Juvenile Assessment Center (JAC) for screening and intake.
- Between September 2021 and February 2022, approximately 1,021 youth were arrested according to data provided by DJJ.

Juvenile Assessment Center (JAC) operated by ACTS

- The JAC operates a direct diversion model and serves as a central receiving, processing, assessment, and intervention program that bring community services for young offenders and truants in a multi-agency collaborative manner at a single location. Youth must be brought to the JAC by law enforcement. Case management services are provided at JAC specifically for youth that are minor offenders and therefore eligible to be diverted from the courts. Multiple providers provide the case management services, including intake, assessment and direct referrals until the youth completes the diversion program. Prevention services are provided to all individuals presented for JAC services. The individuals view a video targeted at substance abuse prevention and are given the opportunity to discuss the film with a trained staff.
- Upon arrival at the JAC, the following screenings are conducted by JAC staff within the first six hours:
 - Massachusetts Youth Screening Instrument (MAYSI)
 - Adverse Childhood Experiences (ACEs)
- Youth are also screened for human trafficking, sexually transmitted diseases/HIV, infectious diseases, as well as a drug screen.
- The State Attorney's Office and Public Defender's Office receive the screening results
- The JAC does not have any licensed clinicians on staff and when needed may conduct outreach to the MRT or other providers (Chrysalis, Northpoint, Gracepoint etc.) to conduct additional screenings for MH/SUD.
 - Parents report difficulty accessing these services due to waitlists.



Detention Hearing

- After the intake process, the child can either be immediately released to their parent or admitted into the detention center. Within 24 hours of being admitted, the child will be brought to the detention hearing in court before a judge authorizing the youth's detention status.

Diversion Opportunities

Teen Court

- Teen Court is a diversion program of the Thirteenth Judicial Circuit's Juvenile Diversion Program. 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.
- Eligible youth include first-time offenders ages 13-to-18.

Juvenile Diversion Alternative Program (JDAP) operated by BAYS (Intercepts 2 & 5)

- JDAP is a diversion program that provides services based on individual youth and family needs. Youth are referred by DJJ and approved by the State Attorney's Office based upon eligible offenses.
- The program serves: any misdemeanor offender, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanors offenders, and first-time felony offenders (of the third degree).

Evening Reporting Center (ERC) operated by Safe & Sound Hillsborough

- The ERC is jointly funded by Hillsborough County Government and DJJ
- Provides an alternative to secure detention
- The ERC serves juvenile justice system involved youth by providing supervision, wrap-around services, delinquency interventions that address criminogenic risk factors, and skills training to improve pro-social decision making.
- The primary goal of the program is to reduce juvenile delinquency recidivism.

Strengths

- The Juvenile Justice court stakeholders meet monthly to review DJJ/JAC referral data and examine zip codes, schools, and neighborhoods of origin.
- The CAT is a resource for the JAC and engage and/or provide support to youth.

Opportunities for Improvement

- There is an opportunity to co-locate or house community-based clinicians within the JAC to have capacity to provide screening and/or address mental health needs immediately for youth at the JAC.
 - Embedded licensed professionals in JAC or create a strong orientation process for parents/families.
 - Review Duval County JAC program for lessons learned.
- Conduct an inventory of screening and assessment throughout the juvenile system and determine if there is a collaborative approach to limit assessment/screening fatigue as well as enhance data-sharing across providers/intercepts.
- Throughout the SIM, it was expressed that there was a widespread need to increase parent engagement. The JAC has difficulty connecting with parents and engaging with youth and families in follow-up upon release from the JAC.
 - Consider the use of parent partners with lived experience in DJJ/CW systems to support parents and reduce resistance/burnout with system involvement.
 - Review the Parent Partner Program Navigator model (<https://capacity.childwelfare.gov/states/topics/foster-care-permanency/parent-partner-navigator>).
 - Consider the development of parent orientation as part of JAC intake to set expectations and begin building relationships with parents/family members.
- The JAC staff also have difficulty upon discharge when youth do not want to return to their home environments. Continue to address these concerns and determine if alternate placement options are available and/or appropriate.

INTERCEPT 3—DETENTION & COURTS

Hillsborough County Regional Juvenile Detention Center

- The average daily census is 60 youth. At the time of the mapping, the detention center was at 70% capacity.
- The average length of stay at the juvenile detention center is 12-to-13 days.

Screening

- Upon arrival at the detention center, youth receive the following screenings:
 - Massachusetts Youth Screening Instrument (MAYSI), a brief behavioral health screening tool designed especially for juvenile justice programs and facilities.
 - Detention Risk Assessment Instrument (DRAI) to determine the most appropriate recommendation for placement for youth upon arrest.
- An estimated 80% of youth are on suicide watch when they arrive at the detention facility.

Health Services

- A licensed mental health clinician is present at the detention center each Monday – Friday during standard business hours.
- A psychiatrist meets weekly with youth in the detention center who are on medications.
 - Parents/guardians may bring in unopened prescription medications for youth, if verified by a medical doctor.
- Mental health treatment is provided at the most basic level. Individual and group therapy convenes daily and provides youth the opportunity to express themselves.
- A medical doctor conducts health screenings at the detention center twice a week.

Detention Programs/Services

- Informal “focus groups” / “pow wows” are convened with youth in detention to allow them to express their needs.
- Youth engage in schooling based on their education level and may work towards their GED or high school diploma.

Courts

Options Court

- Options court is for youth experiencing human trafficking. The court program duration is between six months to one year. The program provides service linkage and Hillsborough County funds a Human Trafficking Liaison for this linkage.

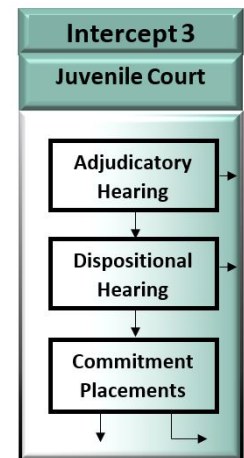
Truancy Court

- Truancy Court serves to ensure that students attend school and intervenes before youth become involved in dependency or delinquency division of the court. Committed school resources are provided to the student and family.

Problem-Solving Courts

Juvenile Justice Mental Health Court (JJMHC)

- The JJMHC is a voluntary program for youth who have mental health problems and are referred by the Public Defender and State Attorney’s Office.



- The JJMHC serves approximately 100 youth at a time on docket.
- The grant program provides any youth and their family involved in this court with service linkages regardless of competency status and will serve a minimum of 65 families per year. Priority service status is youth with significant mental health and co-occurring substance use issues in need of comprehensive assessment and urgent intervention. The program will utilize evidence-based practices to reduce recidivism and engage youth and families.
- Primary partners to the court enhancement include Hillsborough County Public Schools, Chrysalis, Gracepoint, State Attorney's Office, Public Defender's Office, Juvenile Justice, Administrative Office of the Courts, Child Welfare Lead Agency and Hillsborough County
- Beginning in May 2022, there will be two family navigators serving JJMHC participants.
- This court program, *Youth Experiencing Success Program* will be enhanced and expanded utilizing DCF Criminal Justice Reinvestment Grant funds managed by Hillsborough County upon execution of the contract in May 2022.
- The program has an independent evaluation focused on objective data gathering to identify practice outcomes and opportunities to divert youth prior to their justice involvement.

Family Dependency Treatment Court

- Family Dependency Treatment Court serves families with cases of child abuse and neglect that involve substance use by the parents. It is a collaborative effort by the courts, treatment providers, and child welfare to address the needs of the children and families.
- Approximately 20% of the families in Family Dependency Court are also served by delinquency court.
- Referrals are received from Marchman Court.
- The program serves youth and families for around six to nine months.

Early Childhood Court (ECC)

- ECC is a collaborative treatment court program to address the needs of young children (0-36 months) and families in the dependency system. Mental health and substance use treatment services are provided for the children and families using trauma-informed approaches in order to achieve reunification and permanency for the family.

Treatment providers for the court programs include Gracepoint, ACTS, Success 4 Kids & Families, Chrysalis, Sunshine Health.

Dispositional Options

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

Strengths

- The detention center has an open-door policy for family, meaning that they are welcome to come visit youth in secure detention.
- The detention center is open to allowing community providers to visit with youth if they were engaged in services prior to placement in secure detention.
- There is a strong collaborative partnership between the courts and the Hillsborough County Public Schools.

Opportunities for Improvement

- Once youth arrive at the detention center, they receive the MAYSI screening again. Consider using MAYSI results from screening conducted at the JAC.
- Parent engagement is a challenge across the continuum.
- Transportation is a barrier to accessing services in Hillsborough County.
- There are limited options for housing for the target population.

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INTERCEPT 4—REENTRY

Reentry/Discharge Planning

Release from Secure Detention

- Upon release from secure detention, only those youth with mental health problems receive discharge planning.
- Youth with mental health problems will be discharged from secure detention with a 14-day supply of medications.
- JAC determines BH issues and youth needs reentering the community. If necessary, they youth receives another assessment and is offered support by MH team and follow up making sure medication is being received on a weekly basis.

Release from DJJ Residential Commitment Programs

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

Reentry From Statewide Inpatient Psychiatric Program (SIPP)

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

Hillsborough County Public Schools

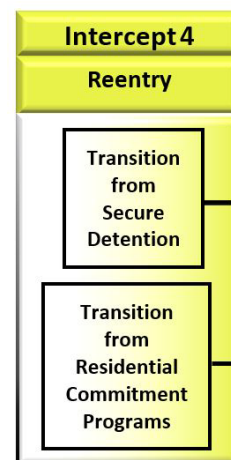
- A reentry meeting is convened with school, DJJ, and providers to prepare for a youth to reenter the school system.
- Juvenile Reentry Education Program (JREP)
 - JREP is a partnership between Success 4 Kids and Families, Hillsborough County Public Schools, and funded by Hillsborough County.
 - Provides necessary supports and funding for justice involved youth to obtain their High School Equivalency Diploma/GED including tuition and testing fees.

Strengths

- The schools are actively involved in reentry planning.
- The JAC does not limit family, providers, and other supportive service participation in reentry planning.

Opportunities for Improvement

- When youth are placed in detention and/or residential commitment programs (outside of county), they must reenroll in school. This acts as a barrier to returning to school.
- In Hillsborough County, it is difficult to get a first-time psychiatry appointment within 30 days. There are long wait lists for psychiatric services.
 - Youth are not provided with enough medications between release from detention/commitment and their first appointment in the community.
 - Appointments and follow-up must be conducted prior to a youth's release so their medication supply does not run out before their appointment.
 - It may be beneficial to explore shared staff agreements, telehealth, and co-location of services to assist with mitigating psychiatric workforce shortage issues.



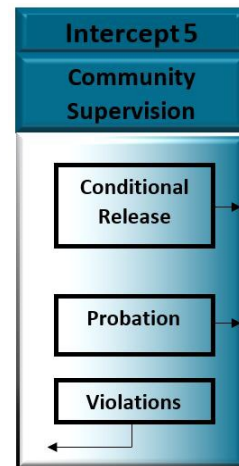
- It may be beneficial to conduct a youth reentry process mapping or case study to better understand and identify community needs related to reentry for youth in order to target services and grants to fill these gaps.
- Explore opportunity to engage youth peers, youth coaches, and behavioral health system navigators into reentry processes.

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INTERCEPT 5—COMMUNITY SUPERVISION

Community Supervision/Conditional Release

Probation is a supervision program created by law, which is ordered by the court in cases involving a youth who is found to have committed a delinquent act. Probation is a legal status in which the freedom of the youth is limited, and the youth's activities are restricted in lieu of commitment to the custody of the Department of Juvenile Justice (DJJ). For youth with mental health and substance use needs, DJJ probation refers for services through community-based and contract providers. Referrals are made to contracted DJJ providers such as BAYS Florida and AMI Kids. The JPO shall refer the youth and parent(s)/guardian(s) to the appropriate service(s) as identified through the Community Assessment Tool (CAT) which administered 90 days prior to release. The JPO provides support, referrals, and follow-up within 24 hours of release. The assessment of youth is not a one-time event, but an ongoing process. Therefore, the JPO shall update the youth's risk and needs assessment to ensure that CAT results are reflective of the youth's status, including changes in behavior and progress.



Reentry Services

Success 4 Kids & Families (Intercepts 0, 3 & 5; see Intercept 0 for full description)

- S4KF is a non-profit 501(c)(3) organization offering a comprehensive array of services to individuals and families struggling with mental health, behavioral and/or substance use challenges, and pre- and post-natal support services to new and expectant mothers in Hillsborough County. All of the services are provided in the home or another community setting, and staff work flexible hours to accommodate client schedules. Programs include:
- S4KF is a non-profit 501(c)(3) organization offering a comprehensive array of services to individuals and families struggling with mental health, behavioral and/or substance use challenges, and pre- and post-natal support services to new and expectant mothers in Hillsborough County. All of S4KF services are provided in the home or another community setting, and our staff work flexible hours to accommodate client schedules.
- S4KF serves as the SEDNET coordinator for Hillsborough County (through June 30, 2022).
- S4KF programs include:
 - *Successful Kids*
 - *Successful Students*
 - *Successful Youth*
 - *Successful Parents*
 - *Healthy Start*
 - *Healthy Minds*
 - *Successful Families*
 - *Healthy Transitions*
 - *Youth Experiencing Success (YES)- Juvenile Justice Mental Health Court Expansion Project*

AMIkids Tampa

- AMIkids serves boys who have potential to be involved with DJJ and those who have committed a variety of non-violent offenses and juvenile justice involvement.

- AMIkids supports programming for mentors, career and technical education, residential needs, family support services, and care coordination services.

Youth Advocate Programs, Inc. (YAP Inc.)

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

Juvenile Diversion Alternative Program (JDAP) operated by BAYS (Intercepts 2 & 5)

- JDAP is a diversion program that provides services based on individual youth and family needs. Youth are referred by DJJ and approved by the State Attorney's Office based upon eligible offenses.
- The program serves: any misdemeanor offender, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanors offenders, and first-time felony offenders (of the third degree).

Education

Hillsborough County Public Schools Juvenile Justice Transition Department (JJTD)

- The JJTD works to provide a seamless educational transition for students going to and returning from juvenile justice facilities and other types of commitment facilities throughout Florida and the United States. The JJTD serves students involved in the juvenile justice system in need of school placement (K-12, adult ed/GED, or post-secondary).

Victory High School (Florida Recovery School)

- Victory High School is a private nonprofit recovery high school funded in part by United Way of Pasco County and based in New Port Richey, Florida (Pasco County). The school serves Hillsborough and Pasco County students ages 14-to-19 and provides education, mental health services, and recovery support.
- Students attend in-person classes throughout the week and the online curriculum is customized to each student including electives such as Equine Therapy, Expressive Art Therapy, and other creative activities.

Community Services

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

- Gracepoint MRT is available 24 hours, 7-days-a-week. Calls are assessed based on level of need. Triage is optimally immediate. Based on team capacity, the MRT may not be able to respond within the 60-minute mandated response window.
- The MRT is comprised of a licensed therapist and care manager and serves youth (in crisis at home or in community). A Peer Specialist is available to serve youth during daytime operating hours.

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

- The CAT provides behavioral health services (intensive treatment in school, home or community settings) for youth aged 11-to-21.
- Eligible youth are those at risk of 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, crisis intervention and 24/7 on-call support, in-school advocacy/coordination, tutoring, legal system advocacy/coordination, parenting support, skills and behavior modification for the entire family, family support network development, employment/vocational services, life skills development, and respite services.

- At the time of the mapping, the CAT was serving 35 clients and at capacity
- Referrals for the CAT may come from schools, child welfare, or the children's crisis stabilization unit (CCSU).
- Presence of a Statewide Inpatient Psychiatric Program (SIPP) application prohibits CAT involvement.

Agency for Community Treatment Services, Inc. (ACTS)

- In addition to managing the JARF and JAC, ACTS provides outpatient treatment and support services for youth and families in the recovery process. ACTS also supports two youth residential programs that provide treatment services for male and female adolescents with substance use problems. Residential treatment may be short term (28 days) or long term (3-6 months) based on individual circumstances.

The Mentoring + Program operated by Tampa Bay Academy of Hope (TBAH)

- The Mentoring + Program provides one-on-one and group mentoring services for youth ages 8-to-17 years old who are identified as being at-risk for school failure, dropping out of school, and/or becoming involved in juvenile delinquency, including gang affiliation.

Pace Center for Girls Hillsborough

- Pace Center for girls operates a day program and two other targeted programs detailed below. Pace's center-based, day program provides year-round education, counseling and life skills training to offer a comprehensive and individualized experience for success for middle and high school aged girls.
 - In FY2020-2021 the Hillsborough day program served 120 girls.
- Pace Reach Counseling Services Program provides free clinical behavioral and mental health services to girls and young women, ages 11-to-17, who reside in Hillsborough and Pinellas counties. Services are provided by licensed therapists.
 - In FY2020-2021, the Hillsborough Reach Program served 101 girls.
- Pace Works is a vocational and education program to promote employability, vocational training and educational success of all girls enrolled in the Pace Center for Girls, Hillsborough program.

Cove Behavioral Health

- Cove offers programs specializing in outpatient treatment for youth in grades 6-to-12, who are engaging in risky behaviors, substance use, and/or showing mental health symptoms.

Healthy Steps Hillsborough

- Healthy Steps Hillsborough provides parenting education, information, referral, and care coordination to families with children who reside in Hillsborough County.

National Alliance for Mental Illness (NAMI)

- NAMI provides family and adult individual support, peer to peer, and family-to-family classes for those who have youth with mental health problems.
- NAMI supports Ending the Science a program that visits schools where a young adult peer discusses their experience with mental illness.

University Area Community Development Corporation, Inc.

- This organization provides services to University Area Community youth that support a

positive change in the economic, educational, and social levels of the community through youth programs, adult education, affordable housing, workforce, wellness, resource assistance, community development, and engagement.

Employment and Vocation

Tampa Bay YouthBuild

- YouthBuild serves youth between ages 16-to-24 residing in Hillsborough County and offers occupational skills training and education to prepares at-risk youth to gain placement into career pathways and/or further education or training.

CareerSource Tampa Bay Center

- Offers employment assistance for older youth ages 16-24, who do not have a felony.

Boys and Girls Club

- Boys and Girls Club is a County/City-funded program to provide a summer youth employment program for Hillsborough County youth between the ages of 13 and 17. The Junior Leaders Program will help youth assess their skills and interests, explore careers, make sound educational decisions, and receive mentoring and job-shadowing opportunities.

Corporation to Develop Communities of Tampa, Inc.

- Workforce development training for county residents, in partnership with CareerSource Tampa Bay, with special emphasis on assisting unemployed or underemployed minority residents.

Strengths

- There is potential to engage and/or increase engagement of natural supports in the community such as faith-based organizations.

Opportunities for Improvement

- Explore potential for a single-site location for multiple reentry service providers to enhance accessibility of services.
- Determine if existing providers or new community-based care provider has resources for in-home/telehealth services for mental health and substance use treatment services. However, internet access is a barrier to services/telehealth for some remote areas of Hillsborough County and among those who have limited minutes through government programs.
- There is a widespread need for mentoring programs and family advocates to assist with coordination of services upon reentry.
- There are limited step-down resources/programs for youth reentering the community from SIPP.
- Explore Medicaid as an underutilized resource for transportation support.
- Determine if there is an opportunity to leverage Gracepoint's status as a Federally Qualified Health Center Look-a-Like or Cove's existing Certified Community Behavioral Health Clinic, as a resource for the target population.
- There is a gap in services regarding the need to address mental health concerns of the parents and families in addition to the youth. Determine the capacity to provide Wraparound services to entire family unit.

HILLSBOROUGH COUNTY PRIORITIES FOR CHANGE

At the end of the mapping on day one, priority areas are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote, where each participant has three votes. Participants are not allowed to vote for the same priority more than once. The voting took place on April 19, 2022. As a result of day one discussions, 15 goals/priorities emerged. Only the top five of the 15 goals are addressed in the action plan, as they were voted most important by the group. However, the entire list of the nine goals/priorities is provided below to guide future planning efforts. The top five priorities / goals are identified in bold text.

Table 1.
Priority Voting Survey Results

Priority Area / Goal	Votes
Parent and family engagement and education (e.g. family navigator, stigma reduction)	22
Develop mentor/coaches program capacity	21
Development of centralized resource for shared clients (assessment/info follows youth vs. system/provider, braided services)	15
Expand and coordinate Mobile Response Teams (LE, schools, Gracepoint)	14
Enhance information-sharing across the system / Formalize the coordination of care / ROI	13
Enhance connections to vocational and employment supports	10
Embed behavioral health system navigators through the continuum	9
Coordination of crisis hotlines	8
Interagency education	8
Reentry services / steering committee	6
Continuation of care for youth with SMI (access to medications / wait times)	4
Embed Wraparound processes across the system	3
Address SIPP issues	2
Leverage opportunities to use telehealth across systems	1
Increase the number of prevention programs in communities and schools	1

HILLSBOROUGH COUNTY ACTION PLAN

ACTION PLANNING PROCESS

On day two, the stakeholders were split into breakout groups (Figure 4) to create tasks/objectives and performance measures/action steps for each goal/priority area identified. Each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion.



Figure 4. Snapshot of Hillsborough SIM Breakout Groups

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

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

1. Parent and Family Engagement and Education (e.g. family navigator, stigma reduction)
2. Develop Mentor and Coaches Program Capacity
3. Development of a Centralized Resource for Shared Clients (assessment/info follows youth vs. system/provider, braided services)
4. Expand and Coordinate Mobile Response Teams (LE, schools, Gracepoint)
5. Enhance Information-Sharing Across the System / Formalize the Coordination of Care / ROI

Hillsborough County Action Plan

Goal 1: Parent, Caregiver, Family Engagement and Education (e.g. family navigator, stigma reduction)

Task		Performance Measure	Lead Person or Organization	Projected Completion
Objective 1.1: Honor families and caregivers as experts of their own lives.				
1.1a	Conduct culturally focused group interviews/focus groups to learn more about the education needs, service needs, and barriers to accessing services.	<ul style="list-style-type: none"> To gather information from scheduled focus groups (convened 5/12/22) To review family input from focus groups to understand what they view as barriers to parent engagement and accessing services To determine needs, wants, and motivations (reduce barriers to increase motivation) 	<ul style="list-style-type: none"> Safe & Sound CFBHN 	TBD
1.2b	Utilize Safe & Sound as a lead organization for their vision and mission.	<ul style="list-style-type: none"> To present discussions regarding barriers and challenges to engagement To report on SIM to Safe & Sound and engage in achieving their mission and vision 	<ul style="list-style-type: none"> Marie Marino, PDO 	TBD
1.3c	Educate providers about the role and value of family navigators and peers to break down barriers and increase motivations to engagement.	<ul style="list-style-type: none"> To understand barriers of navigating the system and educate providers about the role of peers/navigators To engage in creative strategies in disseminating and sharing information among families and providers 	<ul style="list-style-type: none"> Carol Eloian, CFBHN 	TBD

Goal 2: Develop Mentor and Coaches Program Capacity

Task		Performance Measure	Lead Person or Organization	Projected Completion
Objective 2.1: Determine feasibility of utilizing main funding source for multiple interest activity groups (e.g. art, dance, sports).				
2.1a	Develop criteria for funding participants and seek blended/braiding funding source.	<ul style="list-style-type: none"> To gather data on participants and system gaps related to mentors and coaches To explore MMA plan as funding mechanism through county budget To determine if the need is to reallocate existing resources through Hillsborough County BOCC 	<ul style="list-style-type: none"> Safe & Sound 	10/1/2023
2.1b	Engage Big Brothers/Big Sisters with potential to recruit mentors.	<ul style="list-style-type: none"> To increase capacity for mentors through existing BB/BS program 	<ul style="list-style-type: none"> Safe & Sound Big Brothers/Big Sisters 	TBD
2.1c	Develop incentives for mentors/peers and determine/select evidence-based training curriculum.	<ul style="list-style-type: none"> To define the differences between mentors, peers, and coaches To explore best practice models for mentorship and coaching programs To develop incentives based on best practice model 	<ul style="list-style-type: none"> Safe & Sound Big Brothers/Big Sisters NAMI 	TBD
Objective 2.2: Incorporate youth voices.				
2.2a	Survey youth voices.	<ul style="list-style-type: none"> To conduct focus groups with youth to determine where they may engage mentors informally 	<ul style="list-style-type: none"> USF Youth MOVE 	April 2023
2.2b	Engage natural supports/informal supports for mentorship long-term (Wraparound)	<ul style="list-style-type: none"> To capitalize on family strengths and natural/informal supports To engage faith-based community To review Manatee County “friends and family program” 	<ul style="list-style-type: none"> Youth MOVE CFBHN NAMI 	TBD
Objective 2.3: Build community capacity to serve girls in mentorship programs.				
2.3a	Examine successes of existing programs and build out from existing programs such as the Reporting Center and PACE.	<ul style="list-style-type: none"> To explore mentorship through GAL, PACE, Reporting Center Engage county for resources for rural areas (clinics/foodbanks) To research HRSA OUD grants for adolescents 	<ul style="list-style-type: none"> Hillsborough County PACE GAL Reporting Center 	10/1/2023

Goal 3: Development of a Centralized Resource for Shared Clients (assessment/info follows youth vs. system/provider, braided services)

Task		Performance Measure	Lead Person or Organization	Projected Completion
Objective 3.1: Leverage existing resources for data-sharing and existing communication mechanisms.				
3.1a	Convene a meeting with Hillsborough County stakeholders and other systems (Medicaid) to assess platforms for information sharing in one centralized location.	<ul style="list-style-type: none"> To schedule meetings and evaluate existing data systems To disseminate surveys to gauge how systems are currently operating To develop workgroup for continuous assessment 	<ul style="list-style-type: none"> Workgroup 	Within 6 months
Objective 3.2: Identify a Data Sharing System (e.g. Unite Us).				
3.2a	Explore Unite Us or similar platforms, invite Unite us to learn about platform.	<ul style="list-style-type: none"> To engage Unite Us in a meeting to learn more about platform To gather materials and explore feasibility of implementation in Hillsborough To review adult efforts to inform process (Hillsborough County CJS and BH system) 	<ul style="list-style-type: none"> Ken Brown, DCF Workgroup 	Within 6 months
Objective 3.3: Establish universal assessment processes.				
3.3a	Conduct a system mapping of current assessment tools.	<ul style="list-style-type: none"> To review existing platforms to avoid duplication / capacity to integrate To conduct inventory of processes To address HIPAA and data sharing concerns 	<ul style="list-style-type: none"> Workgroup USF Pam Jeffre, S4KF 	Within 6 months

Goal 4: Expand and coordinate Mobile Response Team (LE, schools, Gracepoint)

Task		Performance Measure	Lead Person or Organization	Projected Completion
Objective 4.1: Conduct stakeholder review of crisis response system and the multiple points of entry.				
4.1a	Define crisis response system stakeholders.	<ul style="list-style-type: none"> To convene crisis response system stakeholders to review data, processes to move toward integrated system of care for crisis response To develop workgroup To explore funding once gaps/needs have been identified 	<ul style="list-style-type: none"> Gracepoint Schools LE Hospitals TB Crisis Center EMS 	Start June 2022
4.1b	Coordinate staffing and hours of operation based on community need.	<ul style="list-style-type: none"> To determine the most in-demand hours for crisis response and staff FTE according to community need 	<ul style="list-style-type: none"> Gracepoint Schools LE Hospitals TB Crisis Center EMS 	TBD
4.1c	Discuss feasibility of breaking out the community mobile response teams into districts to build relationships in the communities they serve.	<ul style="list-style-type: none"> To target milestones based on data and school calendar 	<ul style="list-style-type: none"> Gracepoint Schools LE Hospitals TB Crisis Center EMS 	TBD
4.1d	Explore opportunities to leverage EMS for mental health calls to reduce stigma and law enforcement engagement with youth.	<ul style="list-style-type: none"> To connect with paramedicine community response for Veterans and to determine if willingness to collaborate on becoming a resource for youth 	<ul style="list-style-type: none"> Transcare 	TBD
Objective 4.2: Explore unified data system.				
4.2a	Formalize informal processes and relationships (MOUs, interagency agreements).	<ul style="list-style-type: none"> To develop MOUs among agencies 	<ul style="list-style-type: none"> Workgroup 	TBD
Objective 4.3: Address needs for youth and students with developmental disabilities.				

Task		Performance Measure	Lead Person or Organization	Projected Completion
4.3a	Explore the needs relating to youth with developmental disabilities	<ul style="list-style-type: none"> To explore evaluation opportunities with USF To review Atlanta model for CCSU for youth with autism spectrum disorder To establish and engage parent navigator for APD services 	<ul style="list-style-type: none"> USF CARD Schools 	TBD
Objective 4.4: Create integrated system of care				
4.4a	Explore options to expand respite (which is largely court-ordered) with increased MH/SUD eligibility.	<ul style="list-style-type: none"> To identify community providers who can provide/support additional respite capacity (E.g. summer camp programs, living room model, HC Parks and Rec) To explore creative/alternative solutions to reduce pressure on traditional respite system (e.g. NY fresh air fund) To leverage resource to include information to youth through the JAC To connect with faith-based organizations to determine if they have capacity to provide respite services (e.g. Grace Family Church- Ybor) To connect with Healthy Start Coalition in order to reinvigorate database for resources 	<ul style="list-style-type: none"> Gracepoint Schools LE Hospitals TB Crisis Center EMS 	TBD

Goal 5: Enhance Information-Sharing Across the System / Formalize the Coordination of Care / ROI

Task		Performance Measure	Lead Person or Organization	Projected Completion
Objective 5.1: Enhance information sharing in Hillsborough County among juvenile behavioral health and justice systems.				
5.1a	Identify key stakeholders (DJJ, LE, providers, Community Alliance)	<ul style="list-style-type: none"> To identify and take actionable steps to address legal and cultural barriers to information sharing across providers and community agencies 	<ul style="list-style-type: none"> CJ partners Community Alliance partners JJ board 	6 months
5.1b	Address needs of dependency/crossover youth	<ul style="list-style-type: none"> To include/determine need of dependency and crossover youth To create and execute pilot for information sharing in JMHC, informal information sharing occurring to formalize then expand into crossover 	<ul style="list-style-type: none"> JJ board Community Alliance JJMHC 	TBD
Objective 5.2: Develop universal release of information (ROI).				
5.2a	Develop universal ROI / multi-agency release	<ul style="list-style-type: none"> To draft MOUs and information sharing agreements To conduct outreach to Chrysalis to obtain copy of multi-agency release, to serve as starting point for universal release 	<ul style="list-style-type: none"> JJ board 	10 months
Objective 5.3: Create Hillsborough County juvenile behavioral health and justice systems database				
5.3a	Develop tech committee and finance committee to coordinate resources and database.	<ul style="list-style-type: none"> To review local/state grant funding opportunities To leverage existing Blue Ribbon Committee – Ernst & Young, existing centralized database capacity 	<ul style="list-style-type: none"> CJ partners Community Alliance partners JJ board 	12 months
5.3b	Identify relevant parties necessary to engage in database development.	<ul style="list-style-type: none"> To comprise list of stakeholders MH/SUD, LE, and other community partners to participate in data sharing 	<ul style="list-style-type: none"> CJ partners Community Alliance partners JJ board 	18 months
5.3c	Identify training needs for use of database, promotion of goals for data sharing effort.	<ul style="list-style-type: none"> To conduct cross training for database use with all stakeholders involved in data sharing To identify existing trainings that can be expanded to broader audience and limit duplication 	<ul style="list-style-type: none"> CJ partners Community Alliance partners JJ board 	24 months

QUICK FIXES / LOW-HANGING FRUIT

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

- Warm hand-off between 211 and Gracepoint and school based MRTs
- Conduct “secret shopper” exercise with hotline system
- Routinely provide crisis services information to School Resource Officers
- Promote information and resource of Medicaid Managed Care Warm Line
- Reconvene Alternative Education Meetings that stopped due to COVID-19

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 Hillsborough County for further discussion include:

- Addressing challenges with systems for youth with intellectual and developmental disabilities; limited resources for youth with IDD
- Addressing SIPP application status prohibiting Community Action Team involvement.

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. Leverage lessons learned from other states and reinvestment grantees on development of data sharing agreements and release of information templates.
2. Assess areas where telehealth is available but underutilized to address barriers related to transportation, challenging schedules for families.
 - a. Consider opportunity to co-locate service provider onsite during school hours to provide services.
3. Consider identification of select high-risk cases shared across juvenile justice and child welfare systems and develop pilot for data sharing, multidisciplinary/interagency wraparound team to serve group.
4. Explore a time-limited reentry steering committee to identify specific barriers to reentry success and high-risk areas for recidivism.
5. Explore opportunity to increase prescription for medication upon release from detention from 14 days to 30 days.
 - a. Identify opportunities to engage community providers and hold intake appointments prior to reentry.

The CJMHSA TAC is available for consultation as Hillsborough 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.

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

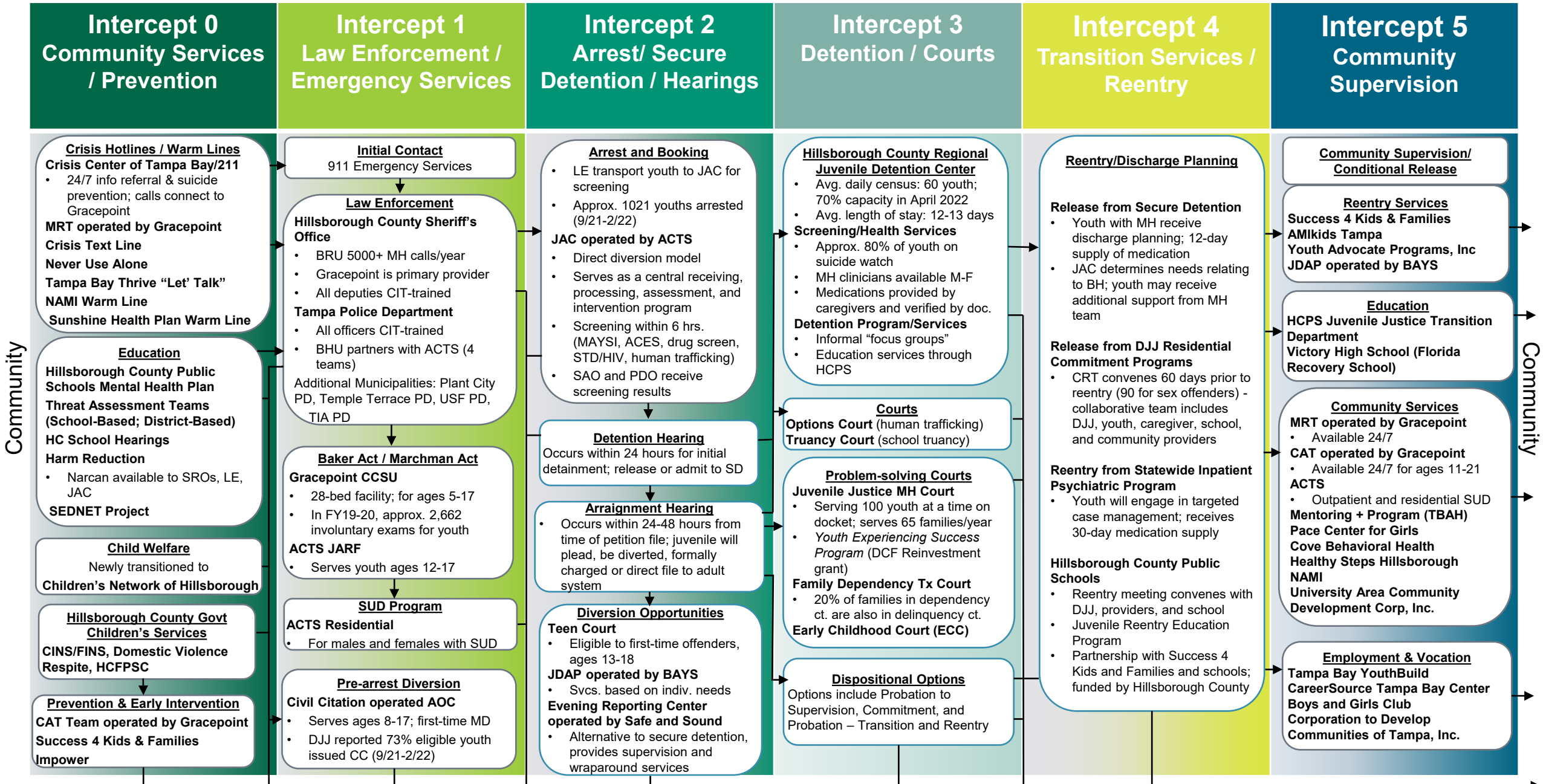
Abby Shockley, MPH, Director, CJMHSA TAC at ashockley1@usf.edu

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC at katelind@usf.edu

Beth Holland, MBA, Learning & Development Facilitator, CJMHSA TAC at holland75@usf.edu

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Juvenile Sequential Intercept Map: Hillsborough County, Florida



APPENDIX A: PARTICIPANT LIST

Name	Title	Organization
Christian Arroyo	Juvenile Justice Supervisor	Agency for Community Treatment Services
Freddy Barton	Executive Director, Safe and Sound Hillsborough	Safe and Sound Hillsborough
Denise Birungo Evans	Coalition Coordinator	Hillsborough County Anti-Drug Alliance
Kerry Bittrich	Juvenile Assessment Center Director	Agency for Community Treatment Services
Michelle Book	Assistant Public Defender	Circuit 13 Public Defender's Office
Rocky Brancato	Chief Operations Officer	Circuit 13 Public Defender's Office
Kenneth Brown	NCPS, Certified Peer Recovery Specialist, Recovery Oriented Quality Improvement Specialist	Florida Department of Children and Families
John Cornett	LMHC, CAP, Senior Program Manager NDCS	Central Florida Behavioral Health Network
Chrissy Dorian	Juvenile Justice Transition Specialist	Hillsborough County Public Schools
Carol Eloian	BA, CRPS-F, Consumer and Family Affairs Director	Central Florida Behavioral Health Network
The Honorable Judge Essrig	Unified Family Court: Dependency/Dependency Specialty, Division V Associate Administrative Judge	13th Judicial Circuit
The Honorable Judge Ficarotta	Chief Judge	Chief Judge, 13th Judicial Circuit
Jane Fletcher	Suncoast Regional Child Care Coordinator	Florida Department of Children and Families
Jason Grice	Superintendent, Circuit 13 Detention Center	Superintendent, Circuit 13 Detention Center
Sarah Grimmig	Children's Services Operations Manager	Hillsborough County
Alyssa Hall	Dependency Case Manager	13th Judicial Circuit
Kelly Hammersley	Acting Chief Probation Officer	Florida Department of Juvenile Justice
Jennifer Haynes	Chief Operating Officer	Tampa Police Department
Jennifer Hock	Program Director, Child Protection Division	Hillsborough County Sheriff's Office
Charles Hollis	Child Protection Investigation Division, Lieutenant	Hillsborough County Sheriff's Office
Public Defender Julianne Holt	Elected Public Defender	Circuit 13 Public Defender's Office
Pam Jeffre	LCSW, Executive Director	Success 4 Kids & Families
Gina Justice	Court Administrator	13th Judicial Circuit
Jalen Kearney	Youth Peer Specialist	Success 4 Kids & Families

Name	Title	Organization
Michael Kelleher	Supervisor, Clinical Care	Hillsborough County Public Schools
Stephanie Krager	Master Deputy, HCSO Behavioral Health Team, Team Lead CIT/Homeless Initiative	Hillsborough County Sheriff's Office
Melissa Leslie	LMHC, Suncoast Regional Substance Abuse and Mental Health Director	Florida Department of Children and Families
Charles Malone	CPL, HCSO Behavioral Health Response Unit	Hillsborough County Sheriff's Office
Marie Marino	Assistant Public Defender/Director, Forensic Behavioral Health Intervention Unit	Circuit 13 Public Defender's Office
Derek McCarron	Director of Children's Services	Gracepoint Behavioral Health
Patrick Minzie	Director	Hillsborough County Children's Services
Marcia Monroe	Community Liaison	Chrysalis (Medicaid provider)
Renee Muratti	Chief Assistant State Attorney/Juvenile and County	Circuit 13 State Attorney's Office
Nekesha Nash	Human Service Program Director	Florida Department of Children and Families
Madeline Padilla	Parent/Healthy Minds	Success 4 Kids & Families
Robert Parkinson	Criminal Justice Liaison	Criminal Justice Liaison, Hillsborough County
Beth Pasek	Circuit 13 Community and Development Administrator	Florida Department of Children and Families
Rhonda Rhodes	Director of Case Management, Child Welfare and Children's Medical Services	Hillsborough County Children's Services
Daniel Ringhoff	Clinical Services	Behavioral Health Consulting & Counseling
Cris Riviere	Ph.D, LCSW	Agency for Community Treatment Services
Samuel "Kert" Rojka	Chief Operating Officer	Tampa Police Department
Michelle Sainsbury	Police Lieutenant and Behavioral Health Managing Entity Board Member	13th Judicial Circuit
Angie Smith	HT Liaison	13th Judicial Circuit
Megan Speakes-Collins	Chief Deputy, Court Programs	Florida Department of Children and Families
Gladys Ugarte	Deputy Assistant Secretary	Gracepoint Behavioral Health
Elizabeth Vandergrift	Community Action Team (CAT) Manager	Circuit 13 State Attorney's Office
State Attorney Andrew Warren	Paralegal Specialist	Circuit 13 State Attorney's Office
Jane Widmer	State Attorney	Children's Network of Southwest Florida

APPENDIX B: HILLSBOROUGH COUNTY DATA SNAPSHOT

This appendix summarizes publicly available data concerning Hillsborough 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 the Florida Department of Children and Families, and Hillsborough County stakeholders, and web resources.

Table B1.

FY19-20 Hillsborough County Children (<18) Repeated Involuntary Examinations

Exams FY19/20	Count of Children	% Children	Count of Exams	% Exams
1	1,283	72.32%	1,283	48.23%
2	314	17.70%	628	23.61%
3	86	4.85%	258	9.70%
4	38	2.14%	152	5.71%
5	23	1.30%	115	4.32%
6-10	27	1.52%	187	7.03%
11+	3	0.17%	37	1.39%
Total	1,774	100%	2,660	100%

(USF Baker Act Reporting Center, 2022)

Table B2.*Summary of Children’s Crisis Stabilization Unit Data*

CCSU	# Admissions
Gracepoint	981 (55% transported by LE, LE wait time: 5 minutes)

Table B3.*Summary of Hillsborough County Civil Citation Data (September 2021 - February 2022)*

Youth CC Eligible	Issued CC (count / %)
326	238

(Retrieved from Florida Department of Juvenile Justice)

Table B4.*2020 U.S. Census & DCF Florida Youth Substance Abuse Survey Data*

	Hillsborough County
2020 US Census % population <18*	22.1%
Average # ACES of HS students**	1.9
% MH within their household** (FL statewide 42%)	27%

*2020 US Census Data

** 2020 Florida Youth Substance Abuse Survey

Additional Community Background Materials:

- [Hillsborough County Public Schools Mental Health Plan 2021-2022](#)
- [13th Judicial Circuit Administrative Office of The Courts- Civil Citation Referrals \(October 2022\)](#)

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

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

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

Other Web Resources

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

APPENDIX D: CJMHPA TAC FACILITATOR BIOS

Abby Shockley, MPH, Director, CJMHPA TAC



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

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



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

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



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

Nicoleta Zenn, Ed.S., NCSP, CJMHPA TAC Subject Matter Expert



Nickie is the Academic Director and an Instructor in the Department of Mental Health Law & Policy at the University of South Florida. Mrs. Zenn teaches courses in the Mental Health Law & Policy, Behavioral Healthcare Major. She received her Specialist in Education (Ed.S.) in Curriculum and Instruction with an emphasis in School Psychology. Mrs. Zenn served as the Executive Director of the Multiagency Network for Students with Emotional and Behavioral Disabilities and the Youth Mental Health Awareness and Training Administration Projects. Mrs. Zenn also served as a member of the Task Force on Involuntary Examination of Minors, the Governor's Roundtable on School Safety, the Children's Mental Health System of Care State Advisory Team, the Statewide Multi-Agency Review Team, and the Florida Youth Justice Commission. Mrs. Zenn has over 20 years of combined experience working in the education and public health arena.