



REPORT ON EXECUTIVE ORDER 18-81

Department of Children and Families
Office of Substance Abuse and Mental Health

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TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	3
II.	APPROACH.....	3
III.	NORTHWEST REGION.....	4
IV.	NORTHEAST REGION.....	5
V.	CENTRAL REGION.....	7
VI.	SUNCOAST REGION.....	8
VII.	SOUTHEAST REGION.....	9
VIII.	SOUTHERN REGION.....	10
IX.	CONCLUSION.....	11

I. EXECUTIVE SUMMARY

Following the shooting at Marjory Stoneman Douglas High School and the tragic deaths of students and school personnel, Senate Bill 7026 was signed into law by Governor Rick Scott in March 2018. This act established the Marjory Stoneman Douglas High School Public Safety Commission to offer ways to improve the school safety system.

On March 26, 2018, Governor Scott issued Executive Order 18-81, addressing a coordinated system of care which directed the Department of Children and Families (DCF) to enhance collaboration with law enforcement offices in each Florida county to improve the coordination of behavioral health services for individuals in need and recommend a course of action that would address the identified contributing factors to the school tragedy. Pursuant to sections 394.457(1), (2) a, and (2) f, Florida Statutes, DCF is the designated mental health authority in Florida and is responsible for the coordination of efforts of other departments and divisions of the state government, county and municipal governments, and private agencies concerned with and providing mental health services as part of Florida's coordinated system of care. The essential elements of a coordinated system of care include coordination with other local systems and entities, public and private, which are involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations.

II. APPROACH

As a result of the Executive Order (EO), DCF Secretary Mike Carroll established a Steering Committee that included:

- Department of Children and Families
- Florida Sheriffs Association
- Florida Association of Managing Entities
- Big Bend Community Based Care
- Jupiter Police Department
- Coconut Creek Police Department
- Agency for Health Care Administration
- Department of Juvenile Justice
- Florida Department of Law Enforcement
- Florida Association of District School Superintendents
- Florida Council for Community Mental Health (guest)

The Steering Committee was charged with prioritizing the needs of the communities and ensuring communication, collaboration, and coordination among state and local agencies in the implementation of the executive order.

The Steering Committee determined that coordination and collaboration of local agencies and systems would be managed at the local level, and determined expectations and issues to be addressed during the mandated quarterly regional meetings, including the following objectives outlined in EO 18-81:

1. DCF, Department of Juvenile Justice (DJJ), and sheriffs shall seek opportunities for cost sharing to improve efficiencies and integration of funding.
2. DCF shall include the sheriffs and local law enforcement agencies as eligible recipients for DCF's criminal justice reinvestment grants to improve services for persons with a mental illness or substance use disorder.
3. DCF and the Managing Entities (MEs) will include representatives of sheriff offices in planning, procurement, and selection of providers of mobile crisis services authorized by the Legislature in their respective communities.
4. DCF, through the ME and their respective sheriffs, will collaborate and ensure access to mental health and substance use treatment services for persons released from county jails.
5. DCF will include representatives of the sheriff offices in planning, implementation, and evaluation of a no-wrong-door system of care, pursuant to 394.4573, F.S. in each judicial circuit and DCF circuit.
6. DCF will involve sheriffs and local law enforcement in the implementation and evaluation of the central receiving system authorized by chapter 394, F.S.

Quarterly meetings, as required by the Order, were held within the circuits in each of DCF's six geographic regions, with attendance including but not limited to DCF staff, sheriffs, police chiefs and law enforcement representatives, MEs, representatives of local school districts, community behavioral providers, and DJJ. These meetings were chaired by DCF leaders, including program and regional managing directors, and community development leaders. As required, each ME has a sheriff/design

a member of the Board of Directors and is a participant in these quarterly meetings. During initial meetings, participant groups discussed current awards, where applicable, for the criminal justice reinvestment grants and working in collaboration with community partners. The groups also discussed current cost sharing practices and overviews of services within their provision array and provided recommendations which include efforts to address a no-wrong-door system as well as a central receiving system. Collaborative efforts are currently underway within each region, with topics of focus being addressed as meetings are convened.

III. NORTHWEST REGION:

Information provided at the regional meetings included Baker Act data, and Community Action Teams (CAT) and mobile response teams (MRT) updates. Involuntary Baker Act examination data for the state, circuit, and county levels indicates that since 2001, the percentage of involuntary examinations on children and older adults has increased and the number of involuntary examinations on children has doubled statewide from 2001/2002 to 2016/2017. Specific circuit information indicated that the number of overall involuntary examinations from 2015 to 2017 varied across counties. Gadsden, Liberty, Madison, Taylor, and Wakulla experienced a decline whereas Franklin, Jefferson, and Leon counties increased.

Community Action Teams (CAT), multi-disciplinary teams that provide voluntary behavioral health services to youth between the ages of 11 and 21, along with their families, are operational in Bay, Gadsden, Leon, Wakulla, Escambia, Okaloosa, and Walton counties, and funding for CATs has recently been awarded to Jackson, Holmes, Washington, Gulf, Calhoun, Liberty, Franklin, Jefferson, Madison, Taylor, and Santa Rosa counties. Identified challenges include lack of awareness of this available service; difficulty in recruiting qualified staff in rural areas (i.e. psychiatrists specializing in children and youth); limited substance abuse and mental health service resources; transportation; lack of parental consent for treatment due to communication barriers, stigma, or denial; lack of communication and information sharing between agencies including

law enforcement and school systems; and lack of teacher and staff training on mental health.

In Circuit 14, a contract for a MRT has been recently awarded to Life Management Center (LMC) which will have a central receiving facility to receive incoming referrals by phone and notify the appropriate dispatch team. Mobile response team staff will be placed across the circuit to arrive onsite within a designated timeframe. A contract for a MRT has recently been awarded in Circuit 2 to Apalachee Center. During school hours, an MRT member will be located within each county, and after hours, Apalachee Center will work with telehealth and law enforcement to respond. In Circuit 1, a contract is being developed for provision of an MRT. A primary call center number will be utilized for the four counties in this circuit, and law enforcement and telehealth screens to access remote customers in rural areas will be utilized until an MRT arrives on-site.

Ongoing specific county collaborative efforts to ensure access to mental health and substance use treatment following release from county jail include: staffings with DJJ for students with weapon charges; initiatives to improve communication between schools and involved agencies when a student is committed under the Baker Act; establishing a juvenile citation system; contracting for a universal screener to assist with identifying students in need of mental health services; building collaborative groups between the school resource officer, teacher, and school counselors to discuss available services to students who display dangerous or lethally violent behavior; connecting with students through activities, including peer relationship and mentoring; offering Handle with Care programs, where law enforcement notifies the school to handle a student with care after the student's parent is arrested; obtaining feedback on Baker Act students to provide aftercare support services within the school; increasing awareness and services targeted towards suicide prevention and trauma-informed care; updating interagency agreements within the county; increasing community awareness on signs and symptoms of mental health and substance abuse and the services provided; and recertifying school faculty and staff on Mental Health First Aid and Youth Mental Health First Aid.

IV. NORTHEAST REGION:

On-going discussions with law enforcement participation of cost sharing, central receiving systems, and no-wrong-door continue in community meetings, initiatives, and consortiums.

Specific region circuits are currently researching cost sharing of training programs and partnering with county funding projects and other agencies to fill gaps, particularly regarding reaching families identified early in child care, schools, and DCF. Cost sharing potential ideas include mobile response teams and child care center programs to enhance early education programs.

Lutheran Services Florida (LSF) providers furnish services to the specialty courts and coordinate with the jails locally for services. A care line is accessible, and the county behavioral health consortiums, including jail re-entry team representatives, have been established, which are intended to be local coordinating groups to identify gaps in services and access.

In Circuit 4, State Attorney Melissa Nelson and Sheriff Williams convened a high level group to create a pre-trial diversion system for those identified through early assessment as having mental illness to prevent sending these individuals to the local jail, as well as connect them to community supports and treatment. The County is modeling components of the Miami system of care.

Implementation of a central receiving system across the region is an ongoing initiative and includes communication with law enforcement agencies. In Circuit 8, the Sheriff's Department is working with the city and Lutheran Services to improve the system.

A Circuit 7 (Volusia, Putnam, St. Johns, Flagler) Behavioral Health Consortium has been in existence prior to the EO. This convening includes school, law enforcement, DJJ, DCF, SEDNET, provider network, parent representatives, Department of Health (DOH), judiciary, and many other agencies across the circuit. The EO priorities will continue to develop to full implementation and sustainability at these quarterly meetings to include the following:

1. Develop communication plans between school, law enforcement, SEDNET, DCF, and key provider agencies that identify points of contact to participate in threat assessment staffings when applicable (identification of tier 3 high risk youth who need collaborative staffing). This point of contact listing is applicable to those up to age 25 to ensure any agency can trigger a staffing when needed.
2. Each local consortium will develop a sub-team that specifically focuses on communication to ensure points of contact are maintained and the plan is working.
3. Each local consortium will develop, enhance, and share community resource manuals that are either in existence or will create to share with all key stakeholders.
4. Each local consortium will either develop or enhance their Trauma Response Plans. The group is recommending the Memphis Model and has shared the implementation and planning information with the teams.
5. Each team will focus on enhancing and documenting the mental health/behavioral health system of care. This includes ensuring full cooperation and collaboration across entities, information sharing, developing memos of understanding (MOUs) where needed, as well as community outreach to key stakeholders (such as local governments, families, etc.).

The local county level Behavioral Health Consortiums were also previously in place in Circuit 7, with the exception of Putnam County (which is not in full operation). County priorities and key action items will be developed at these local meetings to include all outlined above as well as any county specific initiatives. Since the EO meetings started, the following items have been achieved:

Flagler County has fully implemented their communication plan with all points of contact in place, is implementing Handle with Care, and has begun notifications between law enforcement and school system of Baker Acts of students. They are working to communicate other traumatic events that occur with law enforcement and families after hours so the

school is aware to “handle with care” when children return to school. This program is in process of full implementation.

St. Johns County has an advanced behavioral health system of care that was in place prior to the EO. The county has had a mobile response team with SAYS (St. Augustine Youth Sanctuary) that has proven to reduce crisis stabilization admissions for those they serve. Through the creation of this team, they collaborated with law enforcement and the school to develop a comprehensive response plan when children are Baker Acted or MRT prevents Baker Act commitment. This system includes working closely with school counselors, principals, and behavioral health staff/teams. This is a model that other Circuit 7 and regional teams are learning.

The Volusia team is focusing on getting their communication plans in place and face a challenge with having many local law enforcement agencies with whom to work and a larger number of schools. The sheriff’s office has worked diligently with each agency to ensure communication is occurring and have points of contact established. This county is also interested in the Memphis Model for trauma response and have great partners such as One Voice Volusia and DOH to assist in leading efforts.

Putnam County has a newly created local consortium and will be working on all action items previously outlined.

Within Circuit 4, (Nassau, Duval, and Clay), local consortiums have been created in each county. Duval County is co-chaired by the DCF Circuit Community Development Administrator and LSF. The following priorities have been set:

1. Communication plan development between DCF, DJJ, school, law enforcement, SEDNET, and key provider network.
2. System of care development across key stakeholders, which will be included in the communication plan for outreach to the community.
3. Information sharing and ensuring Baker Act information can be communicated to the school system. This team is focusing on Health Insurance Portability and Accountability Act and other perceived barriers to information sharing.
4. A trauma workgroup led by Kids Hope Alliance and System of Care, and

Partnership for Child Health with strong support and leadership from DOH. This team has representation across agencies to focus on training, common language, and response to traumatic events (Handle with Care).

Nassau County’s team is co-chaired by a provider’s chief executive officer and DCF and has excellent membership that includes a County Commissioner and DOH. Priorities include a communication plan, trauma workgroup, development of system of care and messaging to community, and resource development.

Clay County’s team is co-chaired by LSF and the chief executive officer of a provider. This team merged with the Community Health Improvement Plan Behavioral Health sub-committee and is focused on the same initiatives as Duval County.

Circuit 3 has multiple counties which have merged to create natural partnerships. The local consortiums have been created with a focus on:

1. Communication plans finalization across DCF, school, law enforcement, SEDNET, DJJ and provider network. They have established initial points of contact and are fully aware of the need to participate in staffing when needed.
2. Response plan to trauma and development of a trauma informed community plan. They are interested in Handle with Care.
3. Connection to all staffing supports across agencies so that all agencies have full access to supports.
4. Development of system of care to include communication and creating a visual; MOUs; and release of information.

The Circuit 8 team has also created local consortiums in tri-county and Baker/Bradford/Union; Alachua joined an existing system of care team that has been in place and is chaired by the school system. They have the same priorities as outlined in Circuit 3. A pilot program is currently in operation in Alachua County between Meridian Behavioral Healthcare and Gainesville Police Department in response to mental health calls for assistance.

Meridian has a clinician who responds with police on calls including mental health issues in effort to reduce Baker Acts and connect families to services on site. This is being closely monitored as a best practice.

V. CENTRAL REGION:

Regional meetings, by circuit, revealed numerous services currently provided in conjunction with law enforcement including, but not limited to, advocates; school resource officers; crisis intervention specialists; teen court; youth ranch; mental health and substance abuse counseling; telehealth; collaboration grant for youth mental health and substance abuse; crisis response; planned implementation of Crisis Intervention Training (CIT) for all law enforcement; crisis stabilization units; youth mentoring programs; inpatient and outpatient therapy; information sharing memos of understanding; residential therapy and services; and quarterly reviews of all youth Baker Acts. Several schools have hired licensed clinical social workers to screen, refer, and collaborate with community agencies. Circuits 9 and 18 are utilizing funds through Senate Bill 7026 to expand the mobile crisis team, and Circuit 9 is discussing the expansion of the mobile crisis team in Osceola and Seminole counties.

Improvement in coordination of services and care of individuals identified as most in need include centralized services; quicker access to care; coordination with hospitals; liaisons across groups; data sharing; parental consent; issues with insurance funding; common assessments, standardized threat assessment process; streamlining the system; multi-agency agreement; multi-agency release form at entry points; on-call sheriff's office staff as member of crisis response team; in-home provider for mental health/substance abuse assessment and recommendations; and parent navigators.

Collaboration improvement will involve regular multi-agency meetings; cross training; increasing access to knowledge of services; interagency agreements; collaboration with youth clinical staff and substance abuse service providers; analyzing data for trends in behaviors and service needs; creating a public safety council; creating a public data base for all mental health and substance use service provision; making services more easily

accessible in the community; legislation to allow for more integration of dollars between stakeholders; sharing resources across districts; establishment of single point of contact for mental health and substance abuse providers; establishment of care coordination for youth with multiple Baker Acts; increasing utilization of 211 for crisis needs; one point of contact for all agencies; school safety specialist in each school; additional CIT training; use of Opioid Task Force, Children's Cabinet, and Human Trafficking Task Force; and implementing a criminal justice subcommittee in the opioid task force to allow those exiting the criminal justice system to receive services.

Discussions were held regarding access to mental health and substance use treatment following release from county jails. Central Florida Cares Health System (CFCHS) is a member of the Orange County Heroin Task Force which reviews and develops action steps to ensure access to treatment services for persons released from county jails. It was recommended that additional services be provided inside the jails, including transitional services; additional oversight by service providers within the jails; utilizing threat assessments with all schools regularly; better psychological evaluations and needs assessments; hiring a re-entry law enforcement person; providing wrap-around services specific to the forensic population; better services in central receiving center; addition of DJJ and ME into the CIT model; and peer services for inmates being released.

Discussions were also held regarding implementation and evaluation of the central receiving system with the following recommendations made: more emphasis on placing youth in dependency systems close to their families; the ME allowing for more flexible spending to cover the gap between mental health and substance abuse; applying for a system of care grant; involving law enforcement in more community meetings; strengthening the relationship between law enforcement and the ME; and creating agreements between providers and local law enforcement.

VI. SUNCOAST REGION:

Regional meeting discussions were held relative to cost sharing and collaborative efforts along

with opportunities for improvement and challenges. Cost sharing is currently in operation with a children's advisory board through a variety of youth prevention, mental health and substance abuse, truancy, parenting, child welfare, mentoring, and children with disabilities programs, as well as funding of a CAT team for Manatee County. Stop Now and Plan (SNAP), an evidence-based program in and after school for children ages 6-11 with behavioral problems, is teaching problem solving, emotional regulation, social, and self-control skills. There is currently cost sharing for substance abuse, mentoring, counseling, and child welfare programs, and grant funding is providing anti-violence, anti-bullying, restorative practices, college and career readiness, as well as parent support services. A children's crisis team with additional counseling services is operational, and a community health provider offers several programs for youth that include a walk-in center, substance abuse/co-occurring residential treatment center, outpatient substance abuse program, prevention programs, targeted case management, medication management, outpatient psychiatric services and treatment, and prevention programs in eleven schools. Other community health providers offer availability of CAT teams to all counties within the region, children's crisis centers, telehealth; targeted case management; psychiatric evaluations; substance use assessment; counseling; outpatient services; urgent care; medication management; addiction services, as well as child welfare programming. Also offered at a circuit-level is a civil citation program to divert first-time misdemeanor offenders into a diversion program with risk and needs assessment to identify and address the underlying cause and hold the youth accountable for their actions. The youth is provided various resources such as mental health counseling, substance abuse treatment, and anger management. Additionally, teen court is offered, which is a diversion program designed to stop delinquent behavior before a pattern is established and to allow youth ages 10-17 a second chance while holding them accountable for their actions. Specific circuits have interagency teams that meet monthly, including law enforcement, DCF, DJJ, Central Florida Behavior Health Network (CFBHN), community behavioral health providers and others. Pasco County schools have partnered with CFBHN for direct services which allows

availability through school funding and without the need for memorandums of understanding with each provider. This allows families to be served more efficiently and expeditiously. Other partnerships include information sharing and partnering with service providers for wraparound services and training of staff; provision of day treatment and counseling; in-home counseling to assist in engaging families; and "at-risk" youth programs in correlation with the K-12 school system. In these programs, risk assessments are completed to identify youth in need of mental health services; identify juveniles who have come into contact with law enforcement and are at risk of becoming victims or offenders of crime and involved in the mental health system; make contact with identified juveniles at school, and hold meetings with the school system monthly as a collaborative threat assessment team to discuss juveniles at most risk and provide preventive services. Additional programs focus on school safety and mental well-being; social awareness and friendships while promoting an inclusive school community, social awareness, advocacy, acts of kindness, resilience, and inclusivity. Each school district is working on implementing social and emotional learning programs as well as substance abuse programs.

A highlight of the Suncoast Region is the Handle with Care initiative, aimed at helping children succeed in school by alerting school staff with a simple notice when a student experiences a traumatic event involving law enforcement or child welfare services. Officers at the scene of the event are trained to identify the children present, determine the school they attend, and send a confidential email to school personnel on a need-to-know basis. This program is implemented in Manatee and Collier counties with interest garnered in several other counties.

DCF continues to coordinate conversation between the ME and circuit sheriff's department to ensure collaboration and access to mental health and substance treatment services for persons released from jail. The Collier County Sheriff's Department partners with the David Lawrence Center to operate a case management unit to assure client engagement in recommended service interventions and follow children identified as being in crisis.

Taskforces and improvement plan committees are collaborating to implement and evaluate the

no-wrong-door and central receiving system to ensure access to mental health and substance use treatment services. Pinellas County Sheriff's Office Smart Policing Team has partnered with a licensed clinician to participate on "well calls" with a trained deputy, and teams staffed by multiple providers check on individuals who have had multiple interactions with law enforcement in an attempt to engage in services. Funding was received for Circuit 13's central receiving system, and the county, law enforcement, and CFBHN have worked closely through development and implementation. Funding has been appropriated to initiate mobile crisis units in 14 counties, allowing clinicians to assist law enforcement when crisis calls are received.

VII. SOUTHEAST REGION:

Region meeting participants identified numerous opportunities for cost sharing in conjunction with law enforcement including, but not limited to, the school system leveraging its limited funding by enhancing its partnership with MEs; behavioral health network providers and community partners enhancing the school system's staff and teams to assist in identifying and addressing students with behavioral and emotional needs; obtaining funding to provide education and time to identify, refer, and gather data on students with potentially higher needs; obtaining funding to assist schools in meeting assessment needs; significantly increasing the number of certified behavioral analysts and behavioral technicians to provide treatment services within the school and home; creating and funding a community intervention/liaison at each school to assist with integrating and supporting students between school and the community treatment providers; creating or expanding the position of family advocate/navigator/mentor to assist, support, and guide parents through the school system's processes; increasing the number of response-to-intervention coaches with a ratio of one coach per school; schools more readily contracting with community providers to assist in the completion of assessments when backlogs occur; adding a behavioral health curriculum to the lesson plans in elementary and middle school as prevention education; addressing the communication barrier to include developing a statewide online, user-friendly mental health and substance use resource guide listing organizations that provide publicly and privately funded services;

strengthening communication systems between law enforcement, school, and community provider personnel; establishing set meetings to discuss current challenges in serving youth, in school and in the community; developing a system to coordinate service efforts; establishing tools and reporting mechanisms to track real-time availability of receiving beds for Baker and Marchman Acts; addressing capacity barriers by ensuring there are enough locally contracted, publicly funded beds to meet the need for Baker and Marchman Acts; establishing designated youth centralized receiving/access centers for youth ages 0-25; adhering to the 2018 State of Florida Mobile Response Team Framework for all teams serving youth ages 0-25; addressing the financial barriers by insurance companies reducing or removing co-pays for mental health/substance use services; repurposing county and state funding to meet local behavioral health/substance use needs; addressing mental health education barriers by enhancing early identification of behavioral health/substance use issues through implementing Mental Health First Aid in the school system and offering to community, faith-based settings, and first responders; implementing cross-training between school and community provider personnel; continue providing CIT for law enforcement and expanding training to fire departments; screening, action, and referrals by primary care physicians, pediatricians, and the medical society as a whole for behavioral health needs; addressing stigma barriers; providing state-level guidance/best practices for universal informed consent documents; increasing diversion programs; school screening for mental health (similar to vision and hearing screenings); navigators facilitating transition within and across systems; access to privately and publicly funded behavioral health services and resources for the DJJ system, courts, behavioral health services, and managed care plans; threat assessment teams in each school; use of local review team meetings consisting of the ME, DJJ, DOJ, DCF, as well as other community representatives, as a platform for no-wrong-door access to services with the goal of addressing individual issues related to children; develop opportunities for navigation through publicly and privately funded behavioral health services across systems (including increasing peer workforce, educating families regarding services, warm hand-offs, and common

language and cultural sensitivity); joint law enforcement collaboration and training on active shooter through Criminal Justice Commission, including school resource officers and emergency responders; joint planning for local resource utilization (housing and transportation); increase behavioral health service array to include weekend and weekday access after 5 p.m.; utilize the Early Learning Coalitions to screen children at an early age and making the information available to the schools upon enrollment; increasing the certified peer specialist workforce; increasing services for early detection of behavioral health; utilizing 211 to raise awareness; allow the school district and/or private schools that receive a child to have access to the Ages and Stages Questionnaire (ASQ-3); require ASQ-3 screening to be completed on all VPK children, and if concerns regarding the social/emotional aspects, then complete the ASQ-SE screening. If there is a correlation with behavior issues in school and DCF is involved, then consider having the state require early learning centers to have an ASQ-SE screening on all protected service referrals at time of intake and annually.

Broward Behavioral Health Coalition (BBHC) works in collaboration with community stakeholders to ensure access to mental health and substance use treatment services for persons released from county jail. For those individuals who remain incarcerated and preparing for transition to the community, BBHC works in tandem with the behavioral health provider for the sheriff's office in the provision of care coordination services. BBHC also works with other community stakeholders who are part of the DCF monthly forensic meetings to ensure access to services for individuals involved in the forensic system. BBHC works with the central receiving system to expand capacity for services and reduce waitlists which enhances service efficiencies at the central receiving center.

Recommendations to ensure access to treatment services following release from county jail include: interagency agreements to address client specific issues for any cross-system youth; increasing access to telehealth and telemedicine to increase access to services and minimize travel time; expanding mobile response teams to enable access of coordination of care, peer support, and linkage to appropriate services and resources.

Southeast Florida Behavioral Health Network will continue to promote assessment, referral, and treatment planning consistent with the no-wrong-door principle and will continue to provide outreach to community stakeholders and system of care providers that include representatives of the sheriff offices. Recommendations include programs reviewing their criteria and adjusting expectations and requirements to meet the person where they are and include their input; designing treatment plans based on client's changing needs; and collaborating with community partners to ensure the design of a seamless system of care to provide continuity and interagency cooperation.

VIII. SOUTHERN REGION:

There are several collaborative efforts currently underway which include cost sharing. Guidance Care Center (GCC) is a 2017 Grantee of a Reinvestment Implementation and Expansion Grant focused on jail diversion. In October 2018, applications were made for the HRSA Opioid Planning Grant. The planning committee in Monroe County, which consists of mental health providers, court, jail, and law enforcement, will have input on this one-year planning grant to provide prevention, treatment, and recovery services. The Monroe County school board has approved the Mental Health Plan for 2018 and allotted \$290,000 to mental health services which will allow the addition of two social workers and three rotating mental health counselors and expand the contract with GCC for onsite mental health counselors. Miami-Dade County Police Department, 11th Judicial Circuit Criminal Mental Health Project (CMHP), Miami-Dade Corrections, and South Florida Behavioral Health Network (SFBHN) partnered in a Bureau of Justice Assistance Police Mental Health Collaboration Grant (PMHC), which assists those with serious mental illness and co-occurring disorders. This grant provided learning site visits across the country where best practices were learned to assist in development of a centralized cross-system database that will better serve those with mental illness. Approval is pending for an implementation grant. SFBHN and the 11th Judicial CMHP were awarded \$500,000 via a Florida Senate Local Funding Initiative Request in accordance with Senate Bill 12 in collaboration with county court.

Collaboration between the sheriff, school board, and SFBHN has begun and the MRT framework shared. SFBHN is currently negotiating a contract for MRT services in Monroe County. Miami-Dade County currently has an established MRT, however is collaborating with the provider, SFBHN, Miami-Dade Police Department, and Miami-Dade schools to meet the mandated framework requirements (60-minute face-to-face response time).

Funding in Monroe County has been determined for care coordination thru GCC. There is currently one GCC Care Coordinator for the entire county, so additional funds will be utilized to focus on jail releases and access to mental health and substance use treatment. Youth interagency meetings are held monthly, and key stakeholders meet to consult on individual cases and identification of potential resources. Since 2003, Miami-Dade County has had jail diversion programs available in the 11th Judicial CMHP. Soon to commence in county court is Involuntary Outpatient Treatment. A workgroup meeting with pertinent stakeholders has been scheduled to address management of eligible individuals who decline services and yet are recidivists to the jail.

Monroe County identified challenges in lack of acute care settings for minors. Upon a minor being Baker Acted, he is transferred to a Baker Act unit in Miami. This poses many challenges in coordination with Miami facilities, including discharge planning, communication with schools regarding status upon return, and transportation back home upon discharge. Continued collaborative meetings will occur to discuss these challenges. Through quarterly crisis intervention team steering committee meetings in Miami-Dade County, the department continues to explore the system of care and move toward a recovery-oriented system of care with no-wrong-door. Relationships between community providers and each law enforcement department in the respective area are encouraged. A challenge identified among Miami-Dade and Monroe school systems, as well as acute care facilities, is information sharing, specifically for minors Baker Acted by law enforcement at the school.

Neither Monroe or Miami-Dade counties currently have a central receiving facility, however, collaboration between Miami-Dade

County, DCF, SFBHN, and Miami-Dade Police Department has occurred and a centralized receiving facility for minors needing crisis services is being established and the county transportation plan is being updated to include the new facility.

IX: CONCLUSION:

Common themes of the regional meetings include the need to increase certified peer specialist workforce in all behavioral health services; navigation to facilitate transition within and across systems, including warm hand-offs; informed consent across systems; a service array that is available after 5 pm and on the weekends to meet the needs of parents, families, and children, focusing on a recovery-oriented system of care to meet these needs; creation of threat assessment teams; provision of training for Mental Health First Aid; family engagement in services; and stigma and cost associated with mental health services.

Improvement has been noted in information sharing about available services and programs as well as identified gaps. Mobile response teams and community action teams are increasing. Stakeholders report a high level of collaboration among all participating agencies, which has been enhanced by the Executive Order 18-81 meetings. Discussions will continue for improving communication, collaboration, and opportunities for cost sharing.