

Introduction

Upon approval of the Hillsborough County Transportation Plan, on March 24, 2017, the Board of County Commissioners endorsed the Central Receiving Facility Model (definition) to conceptualize and structure this community's Designated Receiving System (definition) for behavioral health consumers. The Commissioners' endorsement of the Central Receiving Facility Model is in no way a departure from behavioral health care delivery practices that have been evolving in Hillsborough County over the past couple of decades. More directly, it is an expansion and refinement of those practices, through which the implementation of the "No Wrong Door" (definition) approach to services, offers significant promise for increasing access and enhancing collaboration among service providers (definition).

Since 1997, with the State's first Transportation Exception Plan, the Hillsborough County community chose to initiate and support a Central Intake receiving capability as an acute care response for mental health consumers (Baker Act Ch. 394 F.S.) (definition) and to support that approach with a publicly funded, privatized transportation capability for individuals in crisis. This Behavioral Health Service System Description (description) represents the enhancement of that response by incorporating substance abuse consumers into the existing mental health Central Intake Unit and expanding the publicly funded transportation component to include substance impaired persons processed under the Marchman Act (Ch. 397 F.S.).

The goal of a "single point of access" (definition) has been an aspiration of governmental and service providing stakeholders in this community for several years. In support of that goal, the lead community providers of public behavioral health acute care services committed to, and accomplished, the co-location of their Crisis Stabilization Unit (CSU) (definition) and Addictions Receiving Facility (ARF) (definition) operations in November of 2013. With the encouragement and support of the County Commission, County Administration and the County's Health Care Advisory Board and Public Safety Coordinating Council, the same acute care providers competed for and successfully secured \$1.5 million annualized funding in 2016 from State appropriations. Those funds presently serve to support the infrastructure and expanded services necessary to maintain the operations of the free standing, mental health and substance abuse competent, Hillsborough County Central Receiving Facility (CRF). These accomplishments serves well to position this community towards the realization of the legislative intent for a "Coordinated System of Care" (definition).

In response to a Senate Bill (SB) 12 requirement (as amended into Ch. 394 F.S.), this Description represents a concerted effort by community stakeholders to document the workings of the Designated Receiving System as well as to venture into greater coordination of care and overall responsiveness to consumers, namely individuals in need of acute mental health, substance abuse and co-occurring services. This Description speaks to some planning considerations offered by the Florida Legislature and Department of Children and Families, and statutory requirements for the County's Designated Receiving System Plan.

Of necessity, this Description focuses primarily on those participants in the Designated Receiving System that are fundamental to its mission and indispensable to Hillsborough County's behavioral health safety net, generally those providers who are legally obligated to perform certain roles in the system and those funded, at least in part, through governmental contracts and publicly funded health care plans. However, this Description is also intended to be a broader community effort, and as such, seeks to incorporate and recognize the roles and contributions of the many specialty and private providers who have engaged in, and contributed to, the planning process.

Key Stakeholders

The Designated Receiving System is grounded by and functions within the governmental, social, and political context that is the Hillsborough County community. That context includes a variety of parties, each of whom influence System design and contribute meaningfully to the operation of the System through the exercise of their respective roles and responsibilities. In summary terms, and in terms of their relation to this Description, those Key Stakeholders include:

- Hillsborough County Government, governed by elected County Commissioners who set policy and approve the County Budget, who operate through the support of County Administration and through Board and Committee structures that advises and recommends policy and funding priorities for their consideration. Specific to the System, the Board of County Commission (BOCC), through Administration, funds health care, behavioral health treatment, consumer transportation, homeless services and social services. And, crucial to this planning process, convenes, staffs and hosts the Public Safety Coordinating Council and the Health Care Advisory Board whose role includes consideration of behavioral health policy and funding and through whom the Designated Receiving System Plan is to be reviewed and recommended for BOCC approval.
- Central Florida Behavioral Health Network (CFBHN), governed by a not for profit board of directors representing 14 Counties, service as the Managing Entity (definition) for the Florida Department of Children and Families (DCF) to plan for, administer, contract and monitor Substance Abuse and Mental Health services funded through state and federal trust fund dollars appropriated through the Florida legislature. As a Managing Entity, CFBHN is statutorily obligated to participate with the County in a coordinating role in the development of this Designated Receiving System Plan. Besides their role in contract management for DCF, CFBHN is responsible for working with local criminal justice, health care and housing systems and organizations to integrate state and local funding to divert persons with behavioral health conditions from incarceration, hospitalization, and inpatient services and to achieve the maximum benefit for consumers within existing resources. The Acute Care Committee referenced herein is a public forum convened and staffed by CFBHN that includes DCF personnel, CFBHN personnel, hospitals (definition), service providers, transportation services and consumers and family members. That Committee selected and appointed the Workgroup that drafted this Description and monitored and provided input throughout the planning processes.

- Judicial Circuit (definition) Criminal Justice Agencies, comprised of the operations of elected constituency offices of the Hillsborough County Sheriff, State Attorney, Public Defender, Clerk of the Court and the appointed Chief Judge and Court Administration and the other Law Enforcement agencies. These criminal justice stakeholders deal daily with persons in need of behavioral health services and the behavioral health provider system. The leadership of these organizations routinely participate in the interagency coordination activities and policy development forums provided through the Public Safety Coordinating Council. Collectively, they demonstrate a commitment to seeing that persons impaired by behavioral health conditions receive the care they need, while balancing the issues of care and public safety. As a body, they advocated for, and were successful in bringing, the Central Receiving Facility, “no wrong door” model funding to Hillsborough County and remain strong supporters of specialty courts (definition) and service delivery models that divert offenders from incarceration who are better served in the community.
- Veterans Administration (VA), federally organized and operated, the local James A, Haley Veteran’s Hospital and local VA services bring considerable resources and opportunities to Hillsborough County to coordinate efforts in regards to homeless, criminal justice involved, and behaviorally impaired veterans. The Hospital’s Emergency and Inpatient services, and the VA operated recovery (definition) and homeless outreach and case management (definition) programs along with those contracted through local behavioral health and homeless service providers, contribute significantly to the breadth and responsiveness of the Designated Receiving System in Hillsborough County.
- Tampa Hillsborough Homeless Initiative (THHI), governed by a not for profit Board of community leaders and representatives, closely coordinates its activities with County Administration, the Housing Department of the City of Tampa and the Tampa Housing Authority in efforts to address homelessness in our community and to pursue opportunities to increase affordable, permanent housing. The THHI is designated by the federal Department of Housing and Urban Development (HUD) as the Continuum of Care lead agency. That designation includes responsibility for driving planning and advocacy efforts to end homelessness, and coordinating the processes for identifying and prioritizing housing needs and securing and managing HUD’s McKinney-Vento funding for homeless services.
- The Hillsborough County Children’s Board, governed through a BOCC appointed, not for profit citizens Board, plans for and manages services for children (definition) utilizing funding derived from a voter approved, local taxing authority. Their emphasis is on prevention and early interventions (definition) specific to young children and their families, many of whom experience distress due to the functional limitations of behaviorally impaired family members.
- University of South Florida (USF), governed as a State University, is a major contributor in helping prepare and meet the workforce needs of behavioral health care providers. USF is recognized as a leader in national research efforts, many of which stem from faculty of the behavioral health and criminal justice programs. The USF Technical Assistance Center of the Department of Law and Mental Health played

an integral role in the development of this Description. Leadership of that Center proved most helpful by bringing important lessons from history, a clear understanding of best and most promising practices in diversion and treatment to the process, and in guiding planning participants to envision opportunities for future System improvements.

- Eckerd Alternatives, governed by a not for profit Board, serves as the Community Based Care Organization, an administrative entity under the Florida Department of Children and Families, to contract for, manage and monitor services for youth (definition) and families who present to and/or become involved in Florida's child welfare system. Eckerd, and its contracted care management units, works closely with the Hillsborough County Sheriff's Office (HCSO) abuse (definition) and neglect (definition) allegation investigators to help determine the need to engage families in child welfare services and to formulate interventions designed to strengthen families and, where out of home placements are necessitated, to re-unite families. Many of the families so impacted become involved in the system as a result of problems associated with substance abuse and mental health conditions. Accordingly, the care of persons in their system must often be coordinated with community behavioral health providers, and reflected in the case plans, to include court ordered services when required.
- Florida Department of Juvenile Justice (DJJ), a unit of State government, has statutory responsibility for the establishment and management of juvenile justice services as defined and funded by the State legislature. Through Departmental staff and contracted providers, they are responsible for implementing policies related to the prevention of delinquency, the processing of youth presented for delinquent offenses, and the care and custody of those committed by the court to their care. Behavioral health screenings (definition) and assessment (definition) are integral components of the Department's intake process, the results of which are designed to support the care side of diversionary and commitment programming and achieve a balance of treatment and sanctions. The Hillsborough County Juvenile Assessment Center (JAC) represents the local response for the intake and processing of youthful offenders. It is also the site where necessary initial assessments take place and the originating source from which service needs are identified and interventions recommended for inclusion in subsequent diversion and commitment planning. Probation officers and providers of commitment programming build on the initial recommendations to structure interventions and engage community providers for needed treatment and supportive services.
- Florida Department of Corrections (DOC), a unit of State government, is responsible for the care and custody of primarily adult (definition) offenders participating in pre-trial intervention programs, sentenced to prison, and committed for community supervision, to include assisting offenders to re-enter the community from confinement. The Department is responsible for community residential alternatives for substance abusers and work release programs. For those committed to the community, Departmental probation personnel provide for the supervision of offenders in accordance with their court ordered sanctions. In cases where offenders

have sanctions requiring participation in behavioral health services, probation officers work closely with community providers to facilitate offender participation and to represent the offender's progress in treatment to the court.

Description Development Process

Background. Senate Bill 12 required that Counties prepare a Transportation Plan and a Designated Receiving System Plan, and that the Transportation Plan become part of the Designated Receiving System Plan. Time wise, those Plans needed to be completed by June 30, 2017. At the request of County staff, a subcommittee was established by the Hillsborough County Acute Care Committee (an advisory body to the Department of Children and Families), to draft a comprehensive description of the Hillsborough County behavioral Health System as a reference document for the preparation of those Plans. Besides assisting the County, the Hillsborough County community saw the request as an opportunity to engage public and private sector stakeholders and organizations in a process to articulate and organize a Coordinated System of Care. The approach agreed upon was that the resulting product would be a "descriptive," rather than a "strategic document".

The planning process. Hillsborough County has had one of the required Plans, called the Transportation Exception Plan, since 1997. That Plan had to be reviewed and reapproved every five years and was scheduled to expire March 31, 2017. Due to the risk of the Transportation Exception Plan expiring, the decision was made that the community would focus first on assisting the County in getting Transportation Plan approved and then shift to assist the County to complete the Designated Receiving System Plan. The County's planning process started with a briefing of the Hillsborough County Health Care Plan Advisory Board (HCHCAB) by community behavioral health providers in May of 2016. That briefing focused on the statutory changes created by Senate Bill 12, and the accompany requirement that the County author, approve and submit the Plans for approval by the State. At that meeting a basic structure was put in place to guide the development and approval of the County's Plans. The inactive Mental Health Task Force of the HCHCAB was reactivated to advise the development of this Description and ensure its relevance to County planning needs, and ultimately to monitor the development of the Plans for submission to the HCHCAB for final review and recommended approval to the Board of County Commissioners.

The "Description Subcommittee" met monthly to review and revise materials and to track assigned tasks. In March, through the efforts of the Crisis Center of Tampa Bay, 211 hot line staff, and the University of South Florida, the Subcommittee launched a provider survey to compile the inventory of community services required for the County's Designated Receiving System Plan. The resulting database, besides supporting the need for the inventory, also served to update the 211 referral directory, and will continue to serve as a resource for future needs assessments and related planning activities.

The Transportation Plan was ultimately submitted and approved by the BOCC and DCF by March 24th. The Designated Receiving System Plan, with this Description attached as a source document,

is scheduled for presentation to the Mental Health Task Force and HCHCAB in May and within the required timeframe for BOCC approval in June.

Organization of the Description Document. The Description is a community generated document that is subject to refinement at the discretion of community stakeholders. At a minimum, the Description should be reviewed and updated every three years in keeping with its status as a reference document for the County Plans that must be reviewed every three years.

The Description includes a descriptive narrative of Designated Receiving System's composition, stakeholders and practices; a signature page expressing the commitment of key organizations; and several appendices including: Inventory of Services (Appendix 1); Patient Rights Appendix 2); legal, contractual, and court participant eligibility requirements (Appendix 3); and, definitions (Appendix 4). The core narrative is written with specific references to the Appendices where a highly motivated readers can get additional details related to areas of interest.

System Values

The overarching theme of the Description is to recognize the importance of the Hillsborough County community involvement to ensure that: the Designated Receiving System for behavioral health supports integration across the behavioral health, health care, housing and criminal justice systems; the community is committed to reducing barriers to appropriate services and recognizes the rights of individual and family consumers to participate in planning, decision-making, and evaluating the System's responsiveness of care. Specific values identified include, that:

1. The system is person centered and recovery-oriented in its approach to care,
2. Services are individualized and tailored appropriately to gender, race, age, sexual orientation (with respect to age, providers are aware of differences in individual needs depending on their age and development.
3. Patient Rights are respected and adhered to as codified in Florida Statutes, (Appendix 2, page 1 Patient Rights)
4. Consumer choice of provider is respected and of consideration throughout the process of providing care,
5. Public safety and behavioral health care needs are weighed equally in all decisions,
6. Services are easily accessible and welcoming of consumers,
7. There is "no wrong door" to services for people with mental health, substance abuse, and co-occurring disorders, and
8. Clinically appropriate interventions serve to divert persons with behavioral health conditions from emergency hospitalization, inpatient treatment and incarceration and to assist persons returning from institutional care to reintegrate into their communities.

System Guiding Principles

Various levels of input and review throughout the process of developing this Description spoke to, and embraced, a number of guiding principles believed to be necessary to fulfilling the vision and the attendant values, and the realization of a Coordinated System of Care (Definitions), specifically:

1. Recognition that substance abuse and mental health disorders are diseases of the brain that are treatable and manageable as chronic illnesses,
2. Transportation of persons who experience behavioral health crisis are provided in the most humane way possible,
4. Persons are served within the Safe Management Capabilities of the program,
5. Persons with behavioral health conditions who are not charged with a crime, should not be detained or incarcerated in the jails,
6. Services are offered in the least restrictive environment,
7. Services are trauma-informed, and trauma specific interventions are utilized,
8. Clinical examinations, assessment and treatment services reflect the best of prevailing practices and appropriately incorporate science informed practice interventions,
9. Services are recovery oriented and Recovery and Peer Specialists are recognized as critical contributors to the system of care, and
10. The Designated Receiving System organizes and maintains an inter-organizational forum to evaluate System performance and provide for continuous quality improvement.

Pathways to Care

In legal terms, there are primarily five (5) pathways for persons to access or receive care-voluntary (definition), civil involuntary (non-court), civil involuntary (court), Dependency, and criminal offender referrals.

A. Voluntary Admissions- (Appendix 3, pg. 1)

Persons who decide to participate voluntarily in behavioral health services are eligible for admission to any program in the array of services that is available to the general public and consistent with, and responsive to, the nature and severity of the persons' behavioral health conditions. Voluntary services are available at the request of the individual directly or by way of referral by family, friends, employers, health care providers and other parties associated with the person, or in response to the transitions between professionals coordinating the person's care. Children under the age of 18 can voluntarily seek admission to treatment for substance abuse. Children seeking mental health admissions voluntarily can only do so with the consent of parent or guardian (definition). Voluntary participation can also occur when persons being served in an involuntary status demonstrate that they have achieved a level of competency to where they no longer require oversight by the court. It is the responsibility of service providers to evaluate the person's competency to consent to

treatment and to assist persons in accessing services provided in the least restrictive level of care consistent with their treatment needs. (Appendix 3, pg. 1). Voluntary admissions are often limited by the person's ability to pay or by program capacity, particularly for publicly funded programs.

B. Civil Involuntary Admissions - (Appendix 3, pg. 3 for details)

1. Involuntary Criteria (General) – Florida Statutes codify very similar criteria for the determination of a person's need for involuntary service interventions. The major discerning difference in the two criteria is whether or not the acute condition, and the risks of danger to self or others, derives from mental illness (definition) or intoxication. (Appendix 3, pg. 2 for complete statements of involuntary criteria). Both statutes contend that involuntary services (definition) are warranted when it appears that the person refuses care and the person's judgment is so impaired (definition) so as not to appreciate the need for care, and that without intervention and treatment, will likely suffer neglect or, will remain at risk of inflicting harm on self or others.

Until the establishment of the Hillsborough County Central Receiving facility for the reception and processing of voluntary and involuntary mental health and substance abuse conditions, decisions related to determining eligibility and discerning the genesis of the acute condition, often rested with persons who were unprepared or ill equipped to make those decisions. With the "no wrong door" functionally now in place for adults, law enforcement officers (definition), and other referring agents, can count on professionals who specialize in those determinations to make those decisions. Although referrals still have to be initiated using specific Baker Act or Marchman Act forms, it is now the role of the Central Receiving Facility staff to accurately assess individuals. In those circumstances where the applied statutory authority (Baker Act or Marchman Act) is deemed inaccurate, it is the responsibility of the Facility staff to rescind that authority and initiate the authority that best matches the person's circumstances and conditions. Publicly funded children's Baker Act and Marchman Act involuntarily referrals are still accepted and processed in separate Children's Crisis Stabilization and Juvenile Addiction Receiving Facility programs in the community.

2. Civil Involuntary (Non-Court) - (Appendix 3, pg. 18 for details)

- a. Law Enforcement Protective Custody- (Appendix 3, pg. 18)

When an individual appears to meet involuntary criteria for a substance use or mental health disorder, and is in a public place or is otherwise brought to the attention of law enforcement, law enforcement has considerable discretion for the disposition of the case. If the person is not too seriously impaired and does not appear to present a danger to self or others, the officer may divert that person

to an appropriate alternative placement (e.g., respite shelter, walk-in access center, home, etc.). When the person does present as being of danger to themselves or others, the law enforcement officer may initiate involuntary placement and have the person delivered for examination and stabilization to the Central Receiving Facility, or to a hospital when medical clearance is necessary, or to an alternative Designated Receiving Facility (DRF) (definition) in consideration of consumer choice. Law enforcement may either personally transport or arrange for the transport through Emergency Medical Services or TransCare to the hospital, Central Receiving Facility, or to the Designated Receiving Facility of the person's choice, in accordance with the Hillsborough County Transportation Plan. In the case of minors (definition), law enforcement must notify a parent/guardian of the involuntary transport.

b. Involuntary Assessment of Minors - (Appendix 3, pg. 19)

Parents/guardians may transport youths to the Children's Crisis Stabilization Unit (CCSU), Juvenile Addictions Receiving Facility (JARF), or another Designated Receiving Facility for evaluation and assessment by a qualified professional (definition). If the qualified professional determines that the youth meets clinical criteria for admission to the CCSU, JARF or hospital inpatient program, he/she may be admitted on a voluntary basis with consent of the parent and the youth. If the parent or guardian do not give consent and the youth meets involuntary admission criteria, the qualified professional conducting the evaluation may initiate an Involuntary Certificate and facilitate the admission of the youth to the program.

c. Professional Certificate (Appendix 3, pg. 17)

Medical and behavioral health professionals identified in statute as "Qualified Professionals" (Physicians, Advance Registered Nurse Practitioners (ARNP), clinical psychologists, licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), licensed mental health counselors (LMHC), and physician assistants, and for substance abuse only, a master's degree level, Certified Addictions Professional) may initiate a Professional Certificate for involuntary examination/assessment based on their firsthand observations of the person's condition as meeting involuntary criteria within the preceding five days. The initiation of a Professional Certificate provides authorization for Designated Receiving Facilities to examine. Assess and where appropriate, admit the person referred to inpatient care. It also provides authorization for law enforcement and third part transporters to engage the person and transport them involuntarily to the Facility. A Certificate is valid for seven days after

issuance. A professional certificate may also be used by Receiving Facilities when an individual states consent to be admitted, but there is reason to believe the individual lacks the capacity to give “informed consent” (definition) due to their condition when presented.

3. Civil Involuntary (Court) - (Appendix 3, pg. 2 for details)

a. Examination/Assessment (Appendix 3, pg. 2)

Any adult person willing to provide testimony may petition the Circuit Court for an involuntary assessment order. In the petition, the petitioner must state that they have personally observed the actions of an individual and believe that person meets involuntary criteria. The petition must document why the person represents a threat to themselves or others in their current condition, or why the petitioner believes that the person, due to his/her mental illness or substance abuse disorder, is unable to make a rational decision regarding the need for care. Once issued, either as the result of a court hearing or court initiated Exparte order, the involuntary order remains in effect for seven days, unless stipulated otherwise in the order. Based on the order, the court or petitioner may request that law enforcement transport (or utilize contracted transportation services), or locate and transport the person specified in the petition to the Central Receiving Facility or other site specified in the order for the involuntary examination/assessment. Results of the examinations/assessments may serve as evidence in later court proceedings to determine the person’s need for involuntary treatment or services.

b. Involuntary Services or Treatment, Court Orders for Involuntary Treatment. (Appendix 3, pg. 2)

Civil involuntary proceedings require the court to make a determination that weighs the right of an individual to make personal decisions about health care, and the degree the person’s present risk of harm to oneself or others due to their behavioral health condition, and the extent to which, without intervention the person’s condition will further deteriorate.

Under the Baker Act, the administrator (definition) of the Designated Receiving Facility is responsible to initiate the petition. That petition must be supported by two psychiatrists, or a psychiatrist and clinical psychologist, both of whom have examined the person within the preceding 72 hours.

Under the Marchman Act, a spouse, guardian, relative, service provider, or any three adults with knowledge of the respondent and the prior course

of assessment and treatment may initiate a petition for involuntary treatment following assessment.

It is the responsibility of the court, upon the hearing of the petition, based on the assessment and evidence presented, to either dismiss the petition, allow the person to voluntarily seek treatment, or order the person into involuntary treatment/services at the level of care (outpatient (definition), residential or inpatient) prescribed by the court. It is the responsibility of the court to review and revisit the person's involuntary status at regular intervals as specified in statute.

4. Family Dependency Treatment Court (Appendix 3, pg. 20)

Family Dependency Court serves substance impaired parents and caregivers who are engaged in the Child Welfare system and who have the goal of reunifying their families and regaining custody of their children. To achieve that goal, program participants must comply with all court sanctions, abstain from drug use and successfully complete a treatment program. Services are coordinated by case management agencies under subcontract with Eckerd, the Community Based Care Organization contracted by the Florida Department of Children and Families. Those subcontracted case managers (definition) have priority access to specialized services available to them that are funded by the State through DACCO Behavioral Health (DACCO) as well as the existing treatment services funded by the State (and other fund sources) through DACCO, ACTS, Phoenix House, and other community providers.

5. Offender referrals - (Appendix 3, pg. 21)

Planning for behavioral Health services in support of initiatives to divert persons from incarceration and to provide clinical interventions for those who enter the criminal justice system, has been conducted under the auspices of the Hillsborough County Public Safety Coordinating Council (PSCC). The planning activities for the past decade have been guided by a process called Sequential Intercept Mapping and facilitated by experts in that model, most recently the staff of the Technical Assistance Center of the University of South Florida. Based on the mappings that have resulted from that process, planning has focused on the developing behavioral health responses for each of the identified Intercept Points, specifically:

- A. Intercept I: Initial Contact with Law Enforcement, Prevention Programs (definition), or Emergency Services,
- B. Intercept II: Initial Detention and Court Appearance,
- C. Intercept III: Jails and Courts, and
- D. Intercept IV: Re-Entry

As a result of those planning efforts and a serious commitment by the Public Safety Coordinating Council (PSCC), County Commission, the Sheriff's Office and other local law enforcement agencies, and the Circuit Court, opportunities have been created which have resulted in the establishment of behavioral health diversionary and treatment responses, supported through the additions of Specialty Courts (Appendix 3, pg. 20) for each of the identified Intercept Point.

The identified, endorsed and operational initiatives for adults to date include:

1. The Hillsborough County Mental Health case management program for misdemeanor and local ordinance offenders.

Hillsborough County contracts with Agency for Community Treatment Services (ACTS) to serve as lead agency for this initiative. ACTS in turn contracts with a provider panel that includes Northside Behavioral Health Center (Northside), DACCO Behavioral Health (DACCO), Mental Health Care, Inc. (d/b/a Gracepoint) and Tampa Crossroads, Inc. Under the County funding, the offender is entitled to 90 days of case management service. Provider agency Case Managers are responsible for assisting offenders to engage in behavioral health treatment services, secure personal documents, apply for entitlement services including applications for disability, and obtain housing, health care and employment. Offender participation is reported to the State Attorney's Office who decides if the offender's participation was sufficient to dismiss charges. Access to the program occurs through the following avenues.

- A. Community-based diversion, at law enforcement discretion- the determination of offender eligibility occurs when a law enforcement officer delivers an individual to the Central Receiving Facility or the Amethyst Respite Center (shelter), where the officer reports that the individual could have been arrested, but instead, the officer chose to place the individual for assessment and stabilization.
- B. Pre-Booking Diversion- eligibility is determined by Hillsborough County Jail personnel upon an offender being presented to booking. When determine to meet predetermined eligibility requirements (based on the offense and the person's offence history), the person is not processed further in booking and a call is made to the ACTS Transportation Hub to retrieve and transport the individual to ACTS Amethyst Center for further assessment and admission to the program.
- C. Post Booking Diversion at Judge's discretion (Appendix 3, pg. 10) - Individuals who pass through the Jail booking process who are identified by jail staff or the Public Defender attorneys, or ACTS staff, are referred to the ACTS Jail Liaison for assessment and determination of eligibility for presentation for judicial determination. Those, where the court is in agreement with the recommendation for diversion, and the person agrees to voluntarily participate, and those determined eligible for release who are released on their own recognizance (wherein program participation is specified as a

condition of their release), are released to ACTS and subsequently enrolled in the program. Persons referred post booking may still be considered for prosecution.

2. The Pre-Trial Intervention (PTI) mental health and substance abuse diversion programs. - Referrals for consideration for offender participation in a pre-trial intervention program are generally initiated at the request of the public defender or an offender's private attorney. In those cases where the State Attorney agrees to the diversion, in the case of Drug Court PTI Drug Court (Appendix 3, pg. 25) the offender is screened and assessed for participation by clinical personnel in Court Administration. For Mental Health Court (Appendix 3, pg. 5), screening and assessment are conducted by a Gracepoint licensed clinician assigned to Court Administration through ACTS funding under the County Enhanced Offender Diversion grant program. Operationally, the two PTI Courts are alike with both; targeting felony offenders, (but with discretion to include certain misdemeanants); being voluntary programs; having offender treatment plans as the basis for accountability to the court; having Department of Correction probation officers assigned to the offenders; and, allowing for the dismissal of charges upon successful completion of the program. Offenders are responsible for compliance with treatment services as identified in the treatment plan approved by the Court. Offender compliance and progress in treatment are routinely reported to the Court. Violations can result in a revocation of PTI status with the offender being subject to prosecution for the offense. DACCO is PTI Drug Court's primary service provider. The basic PTI Mental Health Courts services for offenders are coordinate through a court recognized, Gracepoint Case Manager who is responsible for coordinating linkage to existing behavioral health and supportive services in the community. Those offenders who are assigned to the Enhanced Offender Diversion grant funded program, are the responsibility of ACTS behavioral health case management and recovery support team, who have priority access to Gracepoint and ACTS treatment services, as well as the availability of contingency funds to purchase services anywhere in the community. MHPTI state and defense violations go before the court.
3. Veterans Court- The county criminal division of the Veterans Court allows people who are veterans, honorably discharged, who suffer from service-related mental illness, traumatic brain injury, substance abuse, and/or psychological problems to become eligible for the benefits of this program. There are certain offenses that are eligible for admission to the court that are listed in the court order. Once assigned to the Veterans Court Division, there are court hearings that are required and set by the judge in charge of the Veterans Court. DUI charges are not eligible for the program. To be eligible, the defendant must be evaluated by the Veterans Administration for verification of eligibility, or other state or federal court approved facility. The program is completely voluntary. Some cases are referred directly by the State Attorney's Office to the Veterans Court, if they appear eligible. It is required that all veterans continue to participate in recommended treatment. If the court determines that the defendant has not complied, the case will be discharged from the Veterans Court. The case will proceed as if it had been originally filed in a criminal division Pre- and Post-Adjudicatory Alternatives to Incarceration Diversion-

Adjudication for offenses and court supervision of offenders occur at several levels and through some specialty courts within Circuit 13. County Criminal Division (Appendix 3, pg. 27) presides only over misdemeanor offenses. *County Court* relies on referral to community providers and their participation in court for any access to behavioral health services. *Veteran's Treatment Court* (Appendix 3) presides over both misdemeanor and felony proceedings for voluntary veterans and service members who suffer from service related behavioral health disorders. Services of the local military complexes, the Veteran's Hospital and the local Veteran's Administration (VA) are available to offenders under the supervision of this Court, as well as participating community providers, particularly those under contract with the VA. *Felony Court/Felony Drug Division* (Appendix 3, pg. 26) provides for the adjudication of persons committing 3rd degree felonies. All felony courts and in particular Drug Division have available the sanction of requiring persons with behavioral health issues to participate in treatment. These cases are supervised by Department of Correction's officers who are responsible, as a condition of the offender's probation (definition), to monitor their participation in treatment and keep the court apprised of their compliance with sanctions and their progress in treatment. Violators of requirements of their probation can ultimately result in commitment to prison. Hillsborough County contracts for treatment services (residential and outpatient) with DACCO, ACTS and Tampa Crossroads through Alternative to Incarceration funding through the Integrated Care contracts. Other providers, in and out of County, may receive referrals from the courts for their services through funding arrangements unique to those organizations.

4. Persons who are determined by the court to be incompetent to proceed to trial or not guilty by reason of insanity (Appendix 3, pg. 23) may be involuntarily committed to treatment and become the responsibility of the Florida Department of Children and Families for their placement and supervision. Expectations for these incompetent individuals is that efforts be undertaken to stabilize their mental conditions and restore their competence. Persons who meet criteria may be committed to State Hospitals, or they may be placed and treated in the community when State Hospitalization is not required or when individuals return to the community from State Hospitals. Periodic reviews of the mental status of the incompetent persons are conducted regularly by the court for determination of competency and to monitor their participation in treatment. In Hillsborough County, Gracepoint's Forensic Residential program serves as an alternative placement to the State Hospitals. Residential treatment (definition) is provided for some persons with co-occurring substance abuse impairments (definition) through ACTS regional, treatment facility (definition) in Tarpon Springs, Florida. Specialized case management and community-based intensive treatment is provided through Gracepoint's Multidisciplinary Forensic Team. Northside's Forensic Specialist manage and supervise a number of persons for the court who reside in the community and those who move between the community and the State Hospitals.
5. Re-entry- The cornerstones of Hillsborough County's response to persons re-entering the community from sentences in jail and prison is the HCSO's Hillsborough Re-Entry Center (HREC). The HREC is a Florida Department of Corrections designated Re-Entry Portal

release site. The Portal connects ex-offenders to necessary services that were identified through a needs assessment process during release planning. For person's re-entering from the Hillsborough County Jail, the Hillsborough County Jail's contracted medical provider performs various medical discharge planning services, such as providing a three day supply of medications and seven day supply of psychotropic medications from the pharmacy, a thirty day prescription for necessary medications, and specialized discharge planning and transitioning linkages for the HIV population. For both the returning jail and prison populations the HREC provides for Felony Registration and makes available case management services (definition) to assist with access to food vouchers, legal aid, health care, housing, clothing, employment assistance, behavioral health services, entitlement services, mentoring, etc. and linkage to such community based services as:

- A. Ready4Work-Hillsborough through Abe Brown Ministries. Ready4Work-Hillsborough is a replication of the national Ready4Work program. The program encompasses case management, life-coaching, employability training and job placement assistance. The program operates through strategic partnerships with faith-based organizations, local businesses, community outlets and the judicial system to ensure that individuals transition successfully back into the community. Ready4Work partners with DACCO for any substance abuse treatment services (definition) required by program participants.
- B. The Department of Children and Families (DCF) & Department of Corrections End of Sentence (EOS) Mental Health Referral System: Northside Mental Health Forensic Prevention Program (FPP): The Florida Department of Children and Families (DCF) and Florida Department of Corrections (FDC) have executed an interagency agreement to ensure that individuals with serious mental illnesses who are incarcerated in any FDC institution have access to mental health services (definition) upon release (FDC/DCF Agreement #A3919). Northside is the designated community based mental health provider assigned to accept referrals from the FDC for incarcerated individuals who require post-release evaluation and continuity in mental health care upon release.
- C. Hillsborough County Ex-Offender Re-entry Network (HERN) - The Hillsborough Ex-Offender Re-entry Network (HERN) was established on July 19, 2004 under the direction of Hillsborough County with support from the United States Attorney's Office for the Middle District of Florida. The mission of HERN is to build a network and foster a continuous working relationship with service providers to meet the needs of ex-offenders transitioning back into communities within Hillsborough County. The network seeks to establish relationships with community, faith, and governmental agencies that can provide ex-offenders with basic needs (food, shelter, and clothing), housing, education, employment, healthcare (especially treatment for substance abuse, mental health, and HIV/AIDS problems), legal assistance and mentoring. Abe Brown Ministries chairs the Network and acts as its primary point of contact.

- D. Goodwill Industries: Hillsborough County Residential Re-Entry Center/Work Release- The Hillsborough County Residential Re-Entry Center is a residential work release program for nonviolent inmates finishing their sentences in the federal prison system who are referred as a sanction for violation of their federal probation. The program's goal is to reintegrate inmates back into the community. Participants live at the Goodwill corrections facility in Tampa while working in the community.

The resulting identified, endorsed and operational initiatives for youth to date include:

1. Civil Citation- (Appendix 3, pgs. 19 and 21)
Florida Statute 985.12 authorizes the establishment of Civil Citation programs at the community level. In Hillsborough County that program is operated by Circuit 13 Court Administration in conjunction with the State Attorney's Office (SAO), the Public Defender's Office (PD), local law enforcement agencies and community providers. The program provides the opportunity for youth who commit non-serious delinquent acts and admit to having committed the misdemeanor, to be diverted from the formal Juvenile Justice system as an alternative to custody, and ultimately avoiding a criminal record. In Hillsborough County. Civil citations are initiated by the law enforcement officer who comes in contact with the youth. That officer contacts the Juvenile Assessment Center (or accesses the CITRIX data base) to determine the youth's eligibility for the program. If the juvenile meets legal criteria (committed one of the ten approved misdemeanors including possession of marijuana or possession of drug paraphernalia) and if the youth is willing to accept the program, the law enforcement officer contacts the parents for their consent to issue the citation. Subsequently, the Juvenile is delivered to Parent and the Citation is sent to Court Administration. The Court Administration case manager enters the Citation into the Department of Juvenile Justice's (DJJ) Prevention Web site and an appointment is scheduled for parent and juvenile to meet with Court case manager within 24 hours. The Case Manager conducts a screening and recommends services based on the screening and referrals are made to community providers. Other sanctions may be applied to the juvenile's situation including such things as an apology letter and community services hours. If the Juvenile completes the program successfully, the case is closed. If the Juvenile is unsuccessful, the case is referred to the State Attorney's Office for consideration for prosecution.
2. Criminal Processing- (Appendix 3, pgs. 19 and 21)
Hillsborough County's Juvenile Assessment Center (JAC) serves as the entry point for youth taken into custody (definition) and charged with a criminal offense, for intake and processing (See page 20 for a full description of the Facilities operation). Based on the variety of assessments that occur through the intake process, the youth will either be placed in secure or non-secure detention or released to a parent or other responsible adult pending arraignment. Simultaneously, recommendations are provided to the State Attorney regarding dispositions to whether the youth is a candidate for diversion or prosecution. Also, based on clinical screenings and

assessments, the JAC provides formal recommendations to SAO and DJJ probation specifying services that need to be considered in resulting diversionary or adjudicatory dispositions. Youth who are ultimately diverted are assigned to a formal diversion program (either Juvenile Drug Court, Arbitration, and Juvenile Diversion Alternative Program (JDAP)). Youth who complete diversion successfully (participation in behavioral health treatment, fulfilling all required sanction, etc.) are no longer subject to prosecution for the offense. Those who do not complete successfully, at the discretion of the SAO, may be subject to prosecution. Youth adjudicated guilty of the crime are assigned to the custody of DJJ along with court imposed sanctions for supervision that may include community probation or commitment to the range of placement options available to DJJ, including day treatment and residential commitment programs (including re-entry sanctions). It is the responsibility of DJJ probation officers to: monitor the youthful offenders through their commitment to the DJJ; to ensure that the youth participate in any mandated treatment programs and other needed services; and, to advise the court of the youths progress through to the disposition of the case.

3. Incompetency- (Appendix 3, pgs. 19 and 21)
Hillsborough County's Youth Specialty Docket for those who are Incompetent to Proceed offers problem solving for mental health treatment and warm hand-offs to in-home treatment. Detention hearings include representatives from Success 4 Kids & Families to prevent "lock outs", to bring resources to families and divert detentions.

Designated Receiving System Design

For descriptive purposes, the Hillsborough County Designated Receiving System is organized according to five general Services Categories (Community Interventions, Stabilization and Examination and Assessment, Clinical Treatment, Psychosocial Rehabilitation, Supportive Services), each with accompanying programs designed to meet specified outcome goals and to fulfill specific roles and responsibilities in the System of care. More specifically, Service Categories represent the various levels of interventions that are necessary in this community to ensure a comprehensive "array of services". This organizational scheme served as the construct for the Provider Survey conducted through the planning process. Each Service Category is comprised of a constellation of Programs that are designed to contribute to the achievement of the goals of that particular Service Category. Programs within Service Categories are identifiable as "models of care", each structured around a set of strategies and practices that are accomplished through a specific configuration of services. Beyond the basic classification of Service Categories and the isolation of specific Programs comprising those Classifications, the survey went further to account for the specific combination of services available within and through the Programs. This approach provided for the better articulation of the likeness and difference between Programs as well as accounting for the differences in approaches to programming between individual providers. Some services selections identified in the survey included, among others: Referral Services; Clinical and Psychiatric Assessments: Individual, Group, Family, In-Home and Tele-Therapy/Psychiatry Treatments; Benefits Assistance; Case

Management and Care coordination (definition); Education and Life Skills Training; Peer and Recovery Support Services: Self-help Groups; Parenting Classes; Medication Assisted Therapies; Patient Advocacy; Nutrition and Food Assistance; Drug Testing; among others, and included the option to identify additional services not listed in the survey choices. When operating effectively as a “coordinated system of care”, consumers have the opportunity to move seamlessly across Categories and from Program to Program based on the opportunities and challenges they face, and the restrictiveness level they require and are best apt to address and support their recovery needs at any given time.

Included in this Description, initially expressed in SB 12 for the required County Plans, is the requirement that the planning process result in an inventory of behavioral health services that describes individual provider contributions, capabilities and limitations and speaks to the inter-relationships of providers in coordinating care across the Designated Receiving System. To that end, the Hillsborough County 211 provider, the Crisis Center of Tampa Bay, worked closely across the various levels of planning activities that resulted in this Description, to survey emergency, behavioral health and supportive service providers to organize the inventory and to document each provider’s respective role in the System. For presentation purpose, this Description document will focus primarily on those providers who are crucial to sustaining the Hillsborough County behavioral health safety net. In general terms, that means those providers who are legally accountable to provide emergency services, those contracted and funded through state and local resources, and participating as vendors in government operated health care plans. However, it is clear that this community needs, respects and values the many specialty and private providers who participated in the survey, and in the planning process, in regards to their roles and contribution to the Designated Receiving System. Accordingly, their provider profiles are recognized and documented in Appendix 1 of the Plan (General Inventory of Providers). It is important to note, that beyond the contributions of the Crisis Center of Tampa Bay to this planning process, that organization has incorporated, and is committed to keeping the information current through 211, this community’s primary source for information and referral.

By Service Category, the following narrative addresses the goals of each Category and identifies the safety net providers and programs in Hillsborough County that address those goals.

Community Intervention.

Community Interventions are accomplished through a variety of Programs for purpose of accessing, or availing the means to assist persons in receiving needed emergency, behavioral health and supportive service. The most notable Programs that constitute the Hillsborough County Designated Receiving System’s safety net behavioral health responses in this Category include:

- A. The Crisis Center of Tampa Bay’s 211 Crisis intervention and Information and Referral hot line (Gateway) represent the most readily available and accessible means for Hillsborough County citizens seeking help and those seeking assistance for others to become knowledgeable of, and establish linkages with, the full range of human services available in Hillsborough County. Qualified Specialists are available 24/7/365

to provide information and referrals on basic needs, relationship counseling, senior services, health and substance abuse issues, depression and suicide, parenting help, disaster assistance, legal affairs and financial support as well as specialized services for veterans, people who are mentally ill, homeless and people contemplating suicide. The National Clearinghouse for Alcohol and Drug Information (NCADI) utilizes Gateway as the statewide access point for information and referrals for callers in need of alcohol and/or drug treatment.

B. Law Enforcement Agencies (County and City), Crisis Intervention and Homeless Outreach Teams

Hillsborough County is fortunate to have a remarkable number of law enforcement officers trained and equipped to respond to situations where persons with behavioral health conditions present at substantial risk to self or others. The Hillsborough County Sheriff's Office (HCSO), along with other local law enforcement agencies, through the HCSO Crisis Intervention Training (CIT) program, continue to be invested and involved in educating and training staff on the importance of recognizing and being sensitive to behavioral health conditions. Most often, when persons with behavioral health issues present that require law enforcement interventions, a trained CIT officer is called on site to help de-escalate and address the situation. When the person's situation cannot be stabilized on site, officers, whether or not an arrest results, can exercise their discretion and authority to initiate a Baker Act (mental health) or Marchman Act (substance abuse) referral for involuntary examination and inpatient admission, if warranted. The officer also has available medical and other transport services through Emergency Medical Services or TransCare to assist in getting the person to the setting most immediately appropriate to their care.

Closely aligned to the Crisis Intervention capabilities are Homeless Outreach Teams hosted by HCSO and the Tampa Police Department. In that many of the homeless are impaired by behavioral health problems, the Homeless Outreach programs constitute a major component of the community's response to homelessness. Officers assigned to those duties seek to establish trusting relationships with those who reside on the streets and in encampments. Through the relationships they develop over time with the homeless, and their relationships with community homeless service and human service providers, the officers are often quite successful in linking homeless individuals to crisis intervention, shelter (Amethyst) and temporary housing, emergency and routine medical care, and related social support services (definition), all in an effort to move the homeless towards permanent housing.

C. Mobile Crisis (definition) and Impact Teams

Referrals to Gracepoint's Mobile Crisis Team are initiated by community providers, law enforcement, individuals in the community, and the school system. The Mobile Crisis Response Team offers triage by phone and detailed evaluations onsite where

the person is located be that in the community, or in their home, school or workplace. The population served includes children and adults in psychiatric crisis requiring emergency screening, evaluation, crisis intervention, or brief counseling. The team seeks to resolve issues quickly. Individuals may be voluntarily linked to behavioral health providers in the community, or involuntarily referred under the Baker Act to a Designated Receiving Facility. As a deterrent to recidivism, people who have been admitted to Gracepoint's child and adult Crisis Stabilization Units are eligible for admission to the Agency's Impact Program. The IMPACT team (2.0 FTE licensed clinicians and 2.0 FTE Case Managers) provides on-site assessment, crisis intervention and counseling, case management and referral, after-care, and referral for medication management, as needed. The goals of that program are to prevent future psychiatric hospitalizations, reduce mental health emergencies, and prepare persons to re-enter the community after inpatient treatment.

D. Juvenile Assessment Center

Agency for Community Treatment Services (ACTS) serves as the lead and host agency for the operation of the Hillsborough County Juvenile Assessment Center (JAC). The JAC serves the community as the 24 hour, single point of access for the processing of youth taken into custody by law enforcement for criminal offenses. The facility is staffed with Hillsborough County booking deputies, contracted DJJ Diversion/intake and Detention Screening units, and behavioral health personnel, including behavioral intervention specialists and health coaches. All youth presented to the facility are evaluated for any need for medical clearance prior to processing, including serious medical conditions, suicidal ideations or intoxication. Youth at medical risk are referred and transported to appropriate facilities for stabilization and treatment, and when cleared are returned to the JAC for processing. Upon entrance to the JAC, detention screening staff initiate an evaluation through the use of the DJJ Detention Risk Assessment Instrument (DRAI) to score the youth, based on the nature of their offense and their criminal history, to determine whether the youth is to be released to secure detention, home detention or simply to parents or a responsible adult. Upon admission to the holding area, all youth are booked into the facility and photographed by assigned deputy sheriffs. While in the facility, DJJ contracted personnel complete all the intake processes necessary to initiate the youth's delinquency case and to secure and record that information into the DJJ Information System, for case processing subsequent to the intake. All processed youth are offered voluntary assessment and intervention services (definition) for purposes of identifying and representing their services needs for consideration in future diversionary or court dispositions and sanctions. Specific assessments provided include urine drug screens, behavioral health assessments and health coach interventions for the identification of sexually transmitted diseases, particularly, the presence of HIV. Upon completion of all of the delinquency and assessment processes (definition), the youth are released to the appropriate party identified through the DRAI evaluation. Packets are then prepared for distribution to the SAO for the determination of diversion or prosecution

and to DJJ probation for follow-on case management. Diversion cases are followed by the contracted JAC probation staff. Those who are set for adjudication become the responsibility of DJJ probation staff. Family members, to whom the youth are directly released, are provided service recommendations derived through the process and, where possible, scheduled linkage to those services.

In addition to the delinquency processing responsibilities, the JAC also hosts the Hillsborough County Truancy Program. That program is staffed with HCSO and Tampa Police Department personnel as well as an ACTS Intervention Specialist and a school social worker. Youth are brought to the Truancy program by law enforcement as a consequence of being found truant from school. The youth are availed similar behavioral health and health assessments, but solely for purposes of direct referral to community services and in support of school social work's plan for the youths' return to school. All truant youth are released to families or a responsible adult who is provided with any resulting service referrals and, when possible, scheduled linkage to those services.

(Appendix 1 Provider Inventory identifies other Community Intervention programs available in Hillsborough County.)

Stabilization and Examination and Assessment.

Stabilization and examination and assessment services are accomplished through a variety of Programs that focus on the medical, behavioral and psychiatric stabilization of persons in acute distress. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

1. Hospital Emergency Rooms

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Section 395.1041, Florida Statute requires all hospitals offering emergency services to provide care to every person seeking emergency care regardless of the person's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services. Hospitals cannot refuse to accept a person with an emergency medical condition if the service is within that hospital's

capability and capacity. Persons requiring care beyond the hospital's capability or capacity must be transferred to another facility that can provide the needed services. HB 61 amends Ch. 395.1041, F.S., to require a hospital with an emergency department to develop a best practices policy to reduce readmissions for unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services. The bill allows hospitals to determine what should be included in the policy.

Emergency Room Service Providers. Brandon Regional Hospital 119 Oakfield Drive, Brandon, FL 33511; Florida Hospital 7171 N. Dale Mabry Highway, Tampa, FL 33614, 3100 E. Fletcher Avenue, Tampa, FL 33613; James A. Haley VA Hospital 13000 Bruce B. Downs Boulevard, Tampa, FL 33612; Memorial Hospital of Tampa 2901 Swann Avenue, Tampa, FL 33609; South Florida Baptist Hospital 301 N. Alexander Street, Plant City, FL 33563; St. Joseph's Hospital 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607, 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607; South Bay Hospital 4016 Sun City Center Blvd., Sun City Center, FL 33573; Tampa Community Hospital 6001 Webb Road, Tampa, FL 33615; Tampa General Hospital 1 Tampa General Circle, Tampa, FL 33606

2. Designated Receiving Facilities (General). In addition to the Central Receiving Facility, Hillsborough County hosts four hospital based Designated Receiving Facilities, Bay Care's St. Joseph's Hospital and Health Care of America's Memorial, Brandon and Tampa Bay hospitals. Patients whose physicians have admitting privileges to these hospitals, eligible persons voluntarily requesting services as a matter of preference and consumer choice, and those presented under involuntary conditions for medical clearance or examination get an *assessment* from a psychiatrist, psychiatric ARNP, clinical psychologist, or a licensed mental health professional (LCSW, LMFT, or LMHC). All the Designated receiving facilities are required to be fully co-occurring capable, and any professional providing assessment has training and experience in diagnosing and treating both mental and substance use disorders. The initial assessment may be conducted on an outpatient basis. When appropriate, the Receiving Facility may divert the person from inpatient services through crisis counseling and/or linkage with less restrictive community-based services (e.g., supportive housing, detoxification, respite shelter, or home with appropriate outpatient treatment). Under statute, all FDCF Designated Receiving Facilities must be equally capable of assessing both children and adults and must be competent in assessing both substance abuse and mental health disorders. When assessment indicates that the individual meets criteria for further inpatient stabilization, the *disposition* may be voluntary admission to a CSU, ARF or hospital inpatient unit, if competent to consent; or involuntary admission if the person refuses, or the qualified professional determines the individual lacks capacity to give informed consent. Only Gracepoint's Children's Crisis Stabilization Unit and St. Joseph's Hospital can provide immediate access to a children's inpatient unit within their facilities. When the public Addictions Receiving Facilities, and Crisis

Stabilization Units reach licensed capacity, there is an agreed with the other Designated Receiving to transfer patients between facilities.

3. Hillsborough County's Designated Central Receiving Facility.

The Central Receiving Facility, the model chosen for Hillsborough County, is a free standing facility located in Tampa at Henry on the Gracepoint campus. The Facility is linked by walkways to Gracepoint's 70 bed adult Crisis Stabilization Unit and ACTS 30 bed Adult Addictions Receiving Facility. The Program functions in accordance with the Central Receiving Facility model as described in Chapter 394 F.S.-" *A central receiving system that consists of a Designated Central Receiving Facility that serves as a single entry point for persons with mental health or substance use disorders, and co-occurring disorders. The central receiving facility shall be capable of assessment, examination, and triage for the stabilization and treatment of persons with mental health or substance use disorders, or co-occurring disorders.*"

Like all Designated Receiving Facilities, persons presented to the Central Receiving Facility are screened, evaluated, and triaged for needed services and care. Upon presentation to the Central Receiving Facility, Staff first complete an initial medical screening according to the Facility's admission and exclusion criteria to ensure that the person's condition is within the Facility's safe management capability. Any out of range measures are reported to medical staff who make the determination whether or not to arrange for triaging to a hospital for medical clearance before admitting the person into the Facility.

The processing protocol, besides the initial medical assessment, includes: a determination of the person's ability to consent to treatment; an orientation to the rights of persons served; a nursing assessment (in consultation with Medical staff when necessary); a psychosocial assessment; and, the collection of collateral information from relevant and related parties; Based on the outcomes of these assessment, the care manager initiates a staffing with a supervisor to determine dispositional outcome and the appropriate level of care. When indicated, and in accordance with the legal status of the person (Baker Act or Marchman Act), consultation may be requested of other qualified professionals, and/or a physician for physical and psychiatric examination. The intent of the protocol is that it be applied thoroughly and consistently, and that the primary purpose be to determine the most appropriate placement for the person consistent with their needs and condition. The disposition may include: direct admission to the Crisis Stabilization Unit, Addictions Receiving Facility, or a secondary transport to another Designated Receiving Facility or free standing inpatient unit; linkage to the Central Receiving Facility's Care Coordination or Impact Teams for follow-up care; engagement in the Hillsborough County sponsored community based jail diversion program; or, referral and linkage to outpatient detoxification, medication assisted therapies, outpatient medication and treatment services; and other supportive and rehabilitative services (definition) in the community.

The Central Receiving Facility plays a central role in the Designated Receiving System in Hillsborough County through its mission to receive, examine/assess and triage all adults presented in behavioral health crisis. In that regard, the Facility serves to address and support the unique expectations and challenges of each of the five aforementioned Pathways to care as described on page 7, specifically:

A. Voluntary.

The voluntary process is initiated at the request of a consumer. The initial responsibility of the Receiving Facility staff is to assess the competency to consent to treatment. If so determined, the person undergoes the examinations as outlined in the Central Receiving facility processes described above. If the immediate needs of the person, such as the provision of medications, can be addressed through the assessment process, the person is released with a referral to follow-up with specific services. If the person is found to meet inpatient criteria, that person may be admitted to the Crisis Stabilization Unit or Addiction Receiving Facility for care.

B. Involuntary (Non-Court).

a. Persons who present to the Central Receiving Facility with law enforcement BA-52 or Protective Custody referral forms are registered into the unit and undergo the Facility's complete examination and assessment protocol. For such law enforcement initiated referrals, the Central Receiving Facility, or the Addictions Receiving facility of crisis Stabilization Unit for those admitted, will release persons once they are stabilized and no longer meet criteria, with referrals for follow-up services. However, those persons who meet criteria for involuntary treatment services may be subject to the filing of an involuntary service or treatment petition with the court at the initiation of the Administrator of the Receiving Facility.

b. Individuals who are referred from the community by authorized community professionals, enter the Unit under the authorization provided through a Professional Certificate. Those persons who are determined not to meet involuntary admission criteria are released with scheduled aftercare appointments and referral recommendations. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions Receiving Facility as determined through the assessment. Those admitted under Professional Certificates who no longer meet involuntary criteria are likewise released after stabilization. In the case of persons under the Professional Certificate, the results of the initial assessment (and stabilization period if admitted) may be communicated to the referring professional when requested, and with the person's signed release of information. Those who continue to meet admission criteria and are

deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the referring professional or the administrator of the Receiving Facility.

C. Involuntary (Court Ordered Examination or Assessment).

Those Persons who arrive with a Court order for involuntary examination or assessment under the authority of an Ex parte Order undergo the Central Receiving Facility's examination and assessment protocol. Those persons who are determined not to meet involuntary admission criteria are released with a scheduled appointment for follow-up services and offered referral recommendations. A report on the outcome of the examination or assessment is reported back to the Court. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions Receiving Facility as determined through the assessment process. Those achieving stabilization in the Crisis Stabilization or Addictions Receiving Facility Unit are released with follow-up appointments or referral recommendations. Those who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the original petitioner for substance abuse or by the administrator of the Receiving Facility for either substance abuse or mental health.

D. Involuntary Treatment.

Mental health consumers for whom an involuntary service treatment petition has been filed with the court remain in the Crisis Stabilization Unit or Addictions Receiving Facility until the petition is heard and a determination is made. Substance abuse consumers for whom a petition has been filed may remain on the unit until the petition is heard or, if sufficiently stabilized, may be released with a scheduled date for the hearing in the courtroom.

E. Offender Referrals.

a. Individuals who meet involuntary criteria who are believed to have committed a crime may be processed through the Central Receiving Facility for assessment and admission to the Crisis Stabilization Unit or Addictions Receiving Facility. Individuals for whom law enforcement officers, at their discretion, agree to community-based diversion from booking and incarceration, are processed as normal protective custody referrals with the expectation that the Receiving Facility staff (if the person is to be released) or the staff of the Crisis Stabilization Unit or Addictions Receiving Facility (if admitted) will attempt to motivate the individual to participate in the Hillsborough County Mental Health Case Management Diversion Program. When successful, diversion program staff are notified

and scheduled to meet and engage the patient on the unit prior to discharge.

- b. Persons from the streets, identified in jail or who have been or will be arrested and booked into jail for a crime will likewise undergo the assessment protocol and either be released back to law enforcement at the completion of the assessment, or admitted to the Crisis Stabilization Unit or Addictions Receiving Facility for stabilization. Once sufficiently stabilized, law enforcement is notified and the person is released to the custody of an officer for further legal processing.

(Appendix 1 Provider Inventory identifies other Stabilization, Examination, and Assessment programs available in Hillsborough County.)

Clinical Treatment.

Clinical Treatment is accomplished through a variety of Programs for purpose of providing behavioral therapies and psychopharmacological interventions that focus on ameliorating behavioral health symptoms and addressing the behavioral health conditions that impede individual functioning. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

- A. Hospital Psychiatric Inpatient Units
- B. Residential Treatment Programs
- C. Outpatient Clinics
- D. Integrated Health and Behavioral Health Primary Care Clinics
- E. Florida Community treatment Teams (FACT)
- F. Medication assisted Therapy Clinics
- G. Clinical Case Management
- H. Recovery Support
- I. Critical Action Teams (CAT)

(Appendix 1 Provider Inventory identifies Clinical Treatment programs available in Hillsborough County.)

Psychosocial Rehabilitation.

Psychosocial rehabilitation is accomplished through a variety of Programs designed to achieve and restore individual's optimal functioning in the community and to sustain recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

- A. Permanent Supportive Housing
- B. Clubhouses
- C. Vocational Rehabilitation and Training
- D. Supported Employment
- E. Targeted Case Management both adult and child

F. Outpatient In-Home Therapy

(Appendix 1 Provider Inventory identifies Psychosocial Rehabilitation programs available in Hillsborough County.)

Supportive Services.

Supportive services are accomplished through a variety of Programs that provide those ancillary services (definition) necessary to support individual recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

- A. SSI/SSDI, Outreach, Access and Recovery (SOAR) Case Management
- B. Entitlement Eligibility and Processing
- C. Emergency Financial Assistance
- D. Homeless Day Shelter
- E. Temporary Shelter
- F. Bridge and Transitional Housing
- G. Food assistance
- H. Transportation Assistance

TransCare Medical Transportation Services (TransCare) provides basic life support services in the City of Tampa and unincorporated Hillsborough County; countywide psychiatric transports to/from all area hospitals; inter-facility transports to medical providers including hospitals, nursing homes, and stand-by service for special events. An innovative social enterprise, TransCare provides more than 38,000 emergency transports each year, which in turn generates financial resources to support the charitable needs of the Crisis Center and contributes to the agency's sustainability. The division includes 100 licensed Emergency Medical Technicians (EMT) and Paramedics, and maintains 21 vehicles that are available 24 hours a day, 7 days a week. TransCare EMTs and Paramedics are licensed by the State of Florida and must complete the Crisis Center's Core Training curriculum that includes Trauma Informed Care (definition), Psychological First Aid and Mental Health First Aid. TransCare connects individuals in a medical emergency with the Gateway and Corbett as appropriate.

(Appendix 1 Provider Inventory identifies Supportive Services programs available in Hillsborough County.)

Care Coordination

1. In General.

The ultimate goal of care coordination is to enable persons with behavioral health disorders to live successfully in their communities. Essential to Care Coordination is the recognition that services are often provided to persons across professions and across organizations. Care Coordination means that planning for services, beyond the behavioral health interventions, includes engagement in necessary social supports such

as health care, assistance with entitlements, housing, life skills training, vocational education, employment assistance, peer support, etc. The practice of Care Coordination requires clearly defined roles and responsibilities for all parties involved and incorporates clear consents and methods for gathering and sharing information that promote the inclusion of persons served in their service planning and fosters collaboration among care providers.

2. Central Receiving Facility Care Coordination Unit.

The Hillsborough County Central Receiving Facility hosts a Care Coordination Team (CCT) for persons identified as High Need/High Utilizers (Definitions Appendix 4). That Care Coordination unit is comprised of a Qualified Professional, a Health Coach, a Housing Specialist and two Peer, Recovery Support Specialist who work for ACTS and two licensed clinicians and two case managers from Gracepoint's Impact Team.

When a person is presented to the Central Receiving Facility and enrolled in the information system, if that person meets the definition of High Need/High Utilizer, (HN/HU), that record is flagged and an alert goes out to CCT members that there is a HN/HU on the unit. It is the responsibility of the CCT members to reach into the CRF or subsequently, if admitted, into the CSU and ARF in an effort to engage that person in continuing care services. Any team member can initiate the initial contact. The team member who initiates that initial contact, if the person is amenable to continuing care services, is responsible to use information provided by the person, and information collected through the assessment process, to include other team members with needed expertise to participate in discharge planning. A unique service plan that identifies the team members to be involved is developed and the team members assigned follow the person into the community. To monitor progress and adjust service plans, all HN/HU persons receiving services from the Team are staffed weekly until such time as they stabilize and are no longer in need CCT services.

3. State Hospitals

State hospital admissions are initiated through the filing of a petition by the administrator of a Designated Receiving Facility. The petition is a formalized document placed in the e-file system, 24 hours a day, 7 days, by a clerk assigned defender who sets the hearing within 5 days. Cut off times are determined for each hospital. These times determine what hearing date the clerk will set and a docket is distributed. Public defender staff meets the day before every hearing, reports back to court, with a magistrate present on hearing day. Every hospital has a magistrate for Baker Act. The magistrate makes recommendation to the Circuit Judge. Probate guardian mental health judge or designee can request a guardian be appointed at petition. It is required if incompetent. Involuntary hearings are conducted at one of three Designated Receiving Facility sites- St. Joseph's, Memorial (HCA), and Gracepoint. DCF and CFBHN have care management roles affecting state hospital placements. To fulfill those roles they contract with Gracepoint for a state

hospital liaison, who routinely goes to each facility, reviews the charts, and agrees to whether the person meets criteria. The liaison further ensures that there is a plan for person's return to the community. The liaison provides the care coordination and participates in discharge planning.

System- Based, Continuous Quality Improvement Continuous Quality Improvement Process

A performance focused Designated Receiving System CQI (Continuous Quality Improvement) Coalition is being established that will have responsibility for monitoring the effectiveness and to identify and analyze opportunities for improvement in the coordination of care within Hillsborough County's Designated Receiving System. Organizationally, the CQI Coalition will function according to the following:

- As Gracepoint serves as the CRF for Hillsborough County, their electronic medical record system (EMR) will maintain the most complete data set regarding the patients impacting the Designated Receiving System. The Gracepoint EMR system will have the ability for trend reporting and providing immediate feedback related to modifications / enhancements recommended by the CQI Coalition. The Gracepoint Director of Performance Improvement (P.I.) will serve as the convener of the CQI Coalition and lead the coalition activities.
- Participants – CQI membership will be comprised of providers directly involved in patient care within the Designated Receiving System.
- The use and communication of performance improvement data will involve the sharing of trend analysis and recommendations for system improvement. Goals will include:
 - Recommendations / Policy considerations – Reporting to the Health Care Advisory Board for direction or future policy/resource recommendations.
 - Informational – Periodic reporting at the Hillsborough Acute Care Committee

A. The criteria for assessing the effectiveness (*as opposed to the efficiency*) of the Behavioral Health Receiving Services (BHRS) can be measured using the following metrics:

1. **Care Coordination Team (CCT): In addition to CRS05 (Decreasing Acute Care admissions while receiving CCT services)**
 - i. Attending 80% or more of scheduled appointments while receiving CCT services.
2. **Case Management:**
 - i. A decrease in CSU/Inpatient admissions. Comparing the 180 day period prior to CM to 180 days during and/or post CM for those individuals that are effectively connected with needed community based services.
 - ii. An increase in participation in the number of social connectedness community based activities upon gaining knowledge of such activities.

- iii. Attending 80% or more of scheduled appointments while receiving CM services.
 - 3. **Central Receiving System: In addition to CRS01 – Reducing law enforcement officer drop off time, CRS02 – Linking with 7 day Behavioral Health outpatient appointment follow up, and CRS04 – Linking with primary care appointment within 30 days if discharge)**
 - i. A decrease in CRS visits within the past 7 days for individuals diverted to a less restrictive community based services from the CRS.
- B. Quality Structure and Framework: The CQI Team should act as the promoters of a quality culture and consist of Quality/Performance Improvement personnel and clinical personnel meeting bi-monthly (6 times per year) with interim formal communication and have a specific focus on four (4) elements of a quality process:
- Quality Planning** – Defines the strategy to meet customer needs and achieve performance metrics of the organization/service. Six Sigma methodologies will be used to provide the framework for innovation and the creation of new or revised processes designed to better serve the needs of our customers.
- Quality Assessment** - Measures how well we are performing. This encompasses developing departmental key performance indicators to measure the performance of how our processes are meeting the customer’s needs.
- Quality Reporting** - Quality reporting identifies the progress made towards identified targets/goals as measured by the assessment of performance improvement metrics.
- Quality Improvement** - This is the action taken to design or improve the processes used to deliver the services to our customers. Quality improvement assures that improvement efforts are focused on identified priorities.
1. Utilizing a customer experience five point Likert scale survey designed to each person’s/agencies expected experiences (voice of the customer) we can systematically gather input from individuals served and their families and other external customers (service providers, law enforcement, and other stakeholders). Dissemination and collection will take place monthly for individuals served and their families and semi-annually from other external customers noted above with a reliable sample size from each entity or common service organization. This will additionally serve to determine the effectiveness of the BHRS (noted in a. above).
 2. In relation to the BHRS enhancing access to services beyond the limitations of current procedures, an analysis can include:
 - i. Feedback (voice of the customer) from referring external customers as noted in b. above.
 - i. The CCT impact will help us access services beyond our current limitations. Besides attending appointments, we can analyze how entitlements, housing, a primary care physician impacts the person life not only in relation to

psychiatric readmissions, but forensic recidivism, stable housing, and hospital emergency department admissions. A return on investment analysis can be included.

3. Deficiencies identified within the CQI process will be addressed from a “process focused” perspective using proven process improvement methodologies (Lean Six Sigma (definition) or NIATx (definition)). Front line subject matter experts and program leadership will accurately define each deficiency using a problem “data supported” statement and a “measurable” and “time limited” objective statement. Opportunities for improvement (deficiencies) will be identified by established qualitative key performance indicators (KPI Dashboard) incorporating service, outcome, and/or cost. Another means of identifying opportunities for improvement will be process flow mapping to identify operational variances and non-value added process steps.

Community Goals for the Designated Receiving System.

Goal 1. Establish a forum of core provider stakeholders (Designated Receiving Facilities, Inpatient Facilities and entities Care Coordination providers) through the Central Receiving Facility (CRF) administration to establish and manage an interagency, Continuous Quality Improvement process towards the overall betterment of the System.

Rationale: Stakeholders identified the need to establish a process of identifying, describing and analyzing strengths and problems, implementing, learning from and revising solutions. The process will monitor service quality and customer satisfaction using valid data and research-proven methods and encourage effective feedback process that promotes trust and ongoing learning. Ultimately, the continuous quality improvement approach will define measures, collect quality data and analyze it effectively to determine whether efforts are moving toward the desired change.

Goal 2. Create the opportunity for providers of services to children, including the Child Welfare Community Based Care Organization and the Department of Juvenile Justice to focus on Care Coordination across providers and systems towards a Coordinated System of Care for children.

Rationale: Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness. Data have shown that early intervention following the first episode of a serious mental illness can make an impact. Coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes.

Goal 3. Sustain the core programming and infrastructure reflected in this Plan that comprise Hillsborough County's Designated Receiving System.

Rationale: As recognized throughout the planning process, the Designated Receiving System is comprised of numerous pieces, many of which are dependent on others. In that regard the system is fragile and losses anywhere in capacity or quality of the System's responses would be detrimental to the overall functioning of the System. High quality implementation is more likely to occur when core program components, as articulated in this Plan, are systematically recognized for their contributions and protected from erosion.