

CJC’s Behavioral Health Task Force for Children and Adults

Mission:

Where individuals with behavioral health issues come into contact with the justice system (Juvenile and Adult), the Task Force will develop and ensure practices and processes for purposes of decreasing arrest and system contact while increasing access to timely, effective and efficient treatment to improve individual health outcomes and increase public safety.

History:

Reviews of the behavioral health system as it intersects with the criminal and juvenile justice system were undertaken in recent years by the Criminal Justice Commission, the OK2ACT initiative, the Southeast Florida Behavioral Health Network, Child and Youth Symposium, the Juvenile Justice Advisory Board and the School Health Advisory Council. In an effort to align these initiatives and move toward implementation of key strategies, the CJC prioritized behavioral health in 2015 at its annual planning meeting and created the Behavioral Health Task Force.

Proposed Task Force Membership and Responsibilities

A. Membership

The 2015 CJC Behavioral Health Task Force consists of, but is not limited to, representatives from the following agencies and organizations:

Jerome Golden Center	Southeast Florida Behavioral Health Network
South County Mental Health Center	Victim’s Services
DAF	Health Department
Mental Health Association of PBC	Palm Beach County Sheriff’s Office
Department of Children and Family Services: Substance Abuse	Department of Children and Family Services: Mental Health
Public Defender’s Office	State’s Attorney’s Office
Florida Department of Corrections (FDC)	Boys Town
The 15 th Judicial Circuit	School District of Palm Beach County
The Health Care District	The Henderson Behavioral Health FACT Team
Palm Beach County Youth Services Dept.	DJJ Department of Juvenile Justice
CIT(Sheriff’s Office & Coalition)	Pre-Trial Services
West Palm Hospital	NAMI

Legal Aid Society of Palm Beach County	Palm Beach County Homeless Coalition
Palm Healthcare Foundation	Quantum Foundation
Consumer(s) of Services	Family member(s) of consumer

B. Responsibilities

The Behavioral Health Task Force is responsible for the following:

1. Improving existing systems and developing new solutions to reduce arrests to all people with mental illness.
2. Reviewing and aligning existing gaps analysis reports into one Strategic Action Plan.
3. Creating and updating the Strategic Action Plan annually to include newly identified gaps in services and potential solutions.
4. Continuing to identify new partners and determining how and when to bring additional partners into the initiative.
5. Fine-tuning goals and tasks as needed, based on new initiatives and circumstances.
6. Developing a plan for implementing and sustaining high quality services, including the ability to maintain existing services in the event of budget cuts, grant losses/non-renewals or staff changes.
7. Facilitating sharing of resources among agencies and service providers.
8. Engaging federal, state and local officials.
9. Help guide federal, state and local funding toward community based solutions.
10. Identifying and prioritizing new funding sources based on case management and direct service needs.
11. Identifying and seeking additional funding opportunities for site augmentation/addition and for closing service gaps.
12. Identifying evidence based practices/programs/strategies to enhance and/or complement the system of care

Work Plan FY 2015-2016

(Note: Goals are developed at the point of each intercept on the Sequential Intercept Model. See attachment A for more detail on this model)

Pre-Intercept/across intercepts

Goal: Develop, maintain and update a five-year strategic action plan to support the mission of the Task Force based on the gaps identified in the original planning process and ongoing gaps analysis based on the projects and progress of the Task Force.

Task 1: Develop committee to set five year goals based on the current work and long- term objectives.

Task 2: Develop plan for Task Force approval.

Responsibility: Behavioral Health Task Force

Dute Date: Initial plan – June 30, 2016; updates annually ongoing

Goal: Identify opportunities for increased responsible, protected data sharing amongst justice partners and community providers for purposes of minimizing duplication in assessment and service, increasing timely access to effective services and tracking the consequences of effective/ineffective care.

Task 1: Develop a committee to assess existing data sharing and identify additional opportunities. (Include experts in justice system confidentiality and community provider confidentiality).

Task 2: Develop a detailed proposal for increasing data sharing opportunities including list of partners, use of MOUs, timeline and potential costs.

Task 3: Develop a client specific longitudinal data record to minimize conflicting goals and services for client treatment planning.

Responsibility: Data Subcommittee
Timeline: April 1, 2106

Goal: Advocate for major funders of behavioral health programming to update/utilize assessments of baseline community needs in the areas of mental health and substance abuse services and employ standardized outcome performance measures as a foundation for future allocation of resources.

Task 1: Identify funders and locate/update any assessment of baseline community needs and current services available.

Task 2: Provide a white paper on human and financial consequences of inappropriately funded system.

Task 3: Create a tip sheet for funders that details best practices in data, performance measures, and outcome requirements for agencies receiving funding to ensure services are delivered with fidelity.

Responsibility: Advocacy committee
Deadline: April 1, 2016

Intercept 1: Law enforcement and Emergency Services

Goal: Develop a pre-arrest diversion protocol teaming law enforcement officials in response to crisis and non-crisis situations with response by community providers to divert individuals directly to services and reduce arrests.

Task 1: Identify protocol partners and develop subcommittee and timeline. (Look at the use of MOUs – both existing and new and the use of peer mentoring).

Task 2: Develop protocol including MOUs between necessary partners.

Task 3: Train all partners on protocol.

Task 4: Implement protocol along with expected outcomes.

Task 5: Collect data on protocol outcomes for review.

Responsibility: Protocol subcommittee

Due date: April 1, 2016 (with the exception of outcome review which is ongoing)

Goal: Develop a curriculum and implementation plan for cross-system education surrounding behavioral health issues including justice partners, behavioral health service providers, educators and advocates.

Task 1: Identify the need and opportunities for cross-system education.

Task 2: Identify evidenced-based curriculums for training/education.

Task 3: Create a timeline for blanketed training over the course of a year followed by ongoing follow-up training.

Task 4: Include cultural competency training in all curriculum documents.

Responsibility: Education subcommittee

Due date: July 1, 2016

Intercept 2: Post Arrest

Goal: Develop a post-booking/pre-first appearance diversion protocol for purposes of increasing timely access to services while reducing contact with the court system and jail system.

Task 1: Identify protocol partners and develop subcommittee and timeline.

Task 2: Develop protocol including MOUs between necessary partners.

Task 3: Train all partners on protocol.

Task 4: Implement protocol along with expected outcomes.

Task 5: Collect data on protocol outcomes for review.

Responsibility: Protocol subcommittee

Due date: April 1, 2016 (with the exception of outcome review which is ongoing)

Goal: Develop a protocol for booking and classification and treatment of inmates with behavioral health issues into the Palm Beach County Jail and Juvenile Detention Center to improve health outcomes and possibly divert people to treatment and possible reduced sentences.

Task 1: Assess current procedures at institutions.

Task 2: Develop protocol incorporating corrections officials, behavioral health providers and community providers (including appropriate data sharing and MOUs).

Task 3: Train all partners on protocol.

Task 4: Implement protocol along with expected outcomes.

Task 5: Collect data on protocol outcomes for review.

Responsibility: Protocol Subcommittee

Due date: September 30, 2016

Intercept 3: Post initial hearings

Goal: Develop a protocol for release of inmates with behavioral health issues from the Palm Beach County Jail and Juvenile Detention Center to improve health outcomes for those individuals.

Task 1: Assess current procedures at institutions.

Task 2: Develop protocol incorporating corrections officials, behavioral health providers and community providers (including appropriate data sharing and MOUs).

Task 3: Train all partners on protocol.

Task 4: Implement protocol along with expected outcomes.

Task 5: Collect data on protocol outcomes for review.

Responsibility: Protocol Subcommittee

Due date: September 30, 2016

Intercept 4/5: Reentry and Community Corrections

Ensure that there is mutual representation and collaboration between the Reentry Task Force and the Behavioral Health Task Force to ensure inmates reentering the community from incarceration receive quality behavioral health services in a timely manner.