



Juvenile Sequential Intercept Mapping Duval County, Florida

December 4 - 5, 2018

Facilitated by:

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

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida



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

Duval County Juvenile Sequential Intercept Mapping Report Abbreviations

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

General List of Abbreviations

ADC	Average Daily Census
ADP	Average Daily Population
AHCA	Agency for Health Care Administration
BA	Baker Act
CCSU	Children’s Crisis Stabilization Unit
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Team
CJMHTA	Criminal Justice, Mental Health, and Substance Abuse
CJMHTA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
CSU	Crisis Stabilization Unit
DCF	Florida Department of Children and Families
DJJ	Florida Department of Juvenile Justice
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
ER	Emergency Room
FACT	Florida Assertive Community Treatment Team
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
JAC	Juvenile Assessment Center
JARF	Juvenile Addictions Receiving Facility
JDAP	Juvenile Alternative Diversion Program
JDO	Juvenile Detention Officer
JPO	Juvenile Probation Officer
LE	Law Enforcement

MA	Marchman Act
MH	Mental Health
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
PACT	Positive Achievement Change Tool Assessment (R-PACT is residential PACT, C-PACT is community PACT)
PAT	Prevention Assessment Tool (used by FL DJJ in prevention and civil citation programs)
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SIM	Sequential Intercept Mapping
SIPP	Statewide Inpatient Psychiatric Program for Children
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation
YES Plan	Youth-Empowerment Success Plan (JPOs and case managers use to establish goals/outcomes with youth and family; also referred to as probation's case plan); it becomes part of the Performance Plan when youth transition into the community

Duval County Abbreviations

DCPS	Duval County Public Schools
JFCS	Jewish Family and Community Services
LSF	LSF Health Systems (Managing Entity)
JSO	Jacksonville Sheriff's Office
MHRC	Mental Health Resource Center
SSA	School Safety Assistant
SSO	School Safety Officer

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Duval County, Florida:

Transforming Services for Juveniles with Mental Illness and Substance Use Disorders in Contact with the Juvenile Justice System

Introduction

This report provides a summary of the *Sequential Intercept Mapping* (SIM) held in Duval County, Florida on December 4-5, 2018. The SIM provided a strategic plan for a targeted population, namely youth with substance use and/or mental health disorders (SAMH) involved in or at risk of involvement in the juvenile justice system in Duval County, FL. Moreover, the SIM is an integrated tool that can facilitate other community planning related to behavioral healthcare and diversion from the juvenile justice system or plans to address prevention of youth homelessness. The City of Jacksonville/Duval County, Partnership for Child Health, and Kids Hope Alliance hosted the SIM at the Schultz Center for Teaching & Leadership (4019 Boulevard Center Drive, Jacksonville, FL 32207).

This report includes:

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

Background

Kids Hope Alliance, the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment grantee for Duval County, requested the SIM as a top priority in the implementation of a three-year implementation/expansion grant awarded by the Florida Department of Children and Families (DCF) SAMH Program Office. The SIM will provide Kids Hope Alliance and the City of Jacksonville with the activities and products listed below.

- Creation of a “point-in-time” map of the current juvenile justice system indicating points of “interception” where diversion strategies and programs for youth with SAMH disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within the existing school system, behavioral healthcare system, law enforcement, and the judiciary
- Development of a strategic action plan to implement identified priorities to address juvenile justice diversion, reentry, and treatment needs of youth with SAMH disorders involved with the juvenile justice system

The SIM was comprised of 52 participants representing cross-systems stakeholders including the Kids Hope Alliance, Partnership for Child Health, Department of Juvenile Justice, Duval County Public Schools, the Fourth Judicial Circuit State Attorney’s Office, the Department of Children and Families, as well as, SAMH treatment providers, human services, advocates, family members, law enforcement, and court administration. A complete list of participants is available in Appendix A at the end of this report. Karen Mann and Katelind Halldorsson from the University of South Florida (USF) Criminal Justice, Mental

Health, and Substance Abuse Technical Assistance Center (CJMHSATAC) facilitated the mapping.

Objectives of the Sequential Intercept Mapping

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, M.D. for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the juvenile justice system.

The SIM has three primary objectives:

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

The Duval County Juvenile SIM map is on page 32.

Keys to Success

Existing Cross-Systems Partnerships

Duval County's history of collaboration between the behavioral healthcare and juvenile justice systems is reflected in a number of existing local efforts that were identified prior to and during the SIM. Examples include:

- Criminal Justice and Mental Health Taskforce
- SAO Juvenile Justice Advisory Committee
- 4th Circuit Juvenile Justice Advisory Board
- Kids Hope Alliance

Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision makers. Opening remarks set the stage and established a clear message as to the importance of the SIM and commitment to an action plan. Opening remarks were provided by:

- Vicki Waytowich, Ed.D., Executive Director, Partnership for Child Health
- Chief Derrick Mitchell, Chair, Criminal Justice Mental Health Taskforce
- Jackie Green, DCF Community Development Administrator (Northeast Region)
- Joe Peppers, CEO, Kids Hope Alliance

Duval County Juvenile Sequential Intercept Map Narrative

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

Intercept 0—Community Services

Education Programs

Full Service Schools of Jacksonville

- Collaborative partnership with City of Jacksonville and Kids Hope Alliance
- Serves approximately 128,000 Duval County Public School (DCPS) students experiencing non-academic barriers to success (K-12)
- Students may be referred by a parent, teacher, school, or provider
 - The average time between referral and service initiation is two weeks
 - Average duration of counseling services is 6-to-9 months
- There are 87 full service schools with comprehensive physical health, mental health, and social services
- As of October 15, 2018 and with funding from the State Department of Education, mental health services are provided in an additional 73 schools.
- Therapists visit traditional schools only when needed.
 - Therapist-to-school ratio is 1:4
 - Therapist-to-student ratio is 1:1 for 46 high priority schools (full service schools)
 - Therapist-to-student ratio is 1:3-4 for all other schools



River Oak Center/ Florida Recovery Schools

- River Oak Center is a high school supporting the educational needs of students, aged 14-19, in recovery from substance use
- Serves up to 40 students at a time and an average of 50 students a year
- Average length of stay is 190 days
- Referrals are made by law enforcement, schools, providers, family, self-referral, Teen Court, Drug Court, and the Juvenile Diversion Alternative Program (JDAP)
- Provides academic counseling, behavioral health counseling, individual, group, and family outpatient services and case management, onsite academic instruction, and employment training and placement

School Safety Officers (SSO) employed by Duval County School Police Department

- SSOs are stationed at middle and high schools only
 - SSOs receive Youth Mental Health First Aid training
- School Safety Assistants (SSA) are stationed in the county's 113 elementary schools.
 - The role of the SSA is to prevent individuals from inappropriately accessing elementary school grounds
 - SSAs receive 400 hours of training in mental health, fire arms, and Crisis Intervention Teams (CIT)

Project SOS

- Afterschool substance use program for youth and their parents

Prevention and Early Intervention Programs

Daniel Kids (Intercepts 0, 3, and 4)

- For youth aged 0-19, Daniel provides traditional counseling, case management, academic support and mentoring, independent living, and a respite program
 - Average length of time between referral to Daniel and start of services is one week
- 15 WRAP coordinators
 - Average caseload 1:13
- Youth receive an aftercare plan at discharge, but additional transition services are not provided (Intercept 4).
- Operates Statewide Inpatient Psychiatric Program for Children (SIPP) program (Intercept 3).
- Juvenile Prevention Program (Intercepts 0 and 3):
 - Provides youth with the necessary supports to remain in school through comprehensive case management, tutoring services, and life skills training
 - Referrals are made by the State Attorney's Office, Department of Juvenile Justice (DJJ), teachers, guidance counselors, and parents
 - Case manager conducts an assessment upon admission to the program and an academic assessment is conducted by a teacher
 - Youth must be between the age of 10 and 17, and have at least one prior arrest
 - Serves up to 200 youth at a time
 - Average length of program is nine months
- Full Service Schools Program (Intercept 0):
 - Provides individual mental health counseling, group counseling, and behavioral services to students
 - Referrals are made by parents, teachers, guidance counselors, and self-referral
 - Therapist completes a biopsychosocial for each student at intake and for students receiving behavioral healthcare services; the behaviorist conducts a behavioral health assessment
 - Serves up to 800 students at a time
 - Average length of program is six months

PACE Center for Girls (PACE)

- No cost, voluntary, day program that provides holistic, gender responsive, and trauma informed services including academics, counseling, service learning, career preparation, and life skills
- Referrals are made by schools, mental health counselors, community providers, families, and

self-referral

- Serves middle school and high school aged girls (grades 6-12) with a minimum of three of the following risk factors:
 - DJJ involvement
 - Mental health problems
 - Poor academic achievement and social skills
 - Truancy
 - Victimization (mental, physical, or sexual abuse)
- PACE can serve up to 80 girls at a time; average number served is 70 girls
- Average length of stay in the day program is 12-to-15 months, with three years of follow-up and transition services
- PACE personnel includes four full-time mental health counselors, one full-time therapist, and a monthly visit from a psychiatrist
 - Caseload size is 1:15
- Emergency call line available on evenings, weekends, and holidays
- School safety officers (SSO) are located on-site at the PACE Center
- PACE provides in-school therapy for girls in need of such services and who are not attending their day program

Youth Crisis Center (Intercepts 0 and 5)

- Serves CINS/FINS (children-in-need-of-services/families-in-need-of-services) youth ages 6-to-17
- Prevention and early intervention programs include:
 - Family Link outpatient counseling
 - Residential crisis care
 - Stop Now and Plan (SNAP)
 - SNAP in schools
 - Outpatient behavioral health (individual, family, and group counseling)
 - Intensive case management with a capacity to serve 15 youth

Hope Pipeline Project

- Educational and legal advocacy for violations and infringements on youth rights
- Serves youth at risk of or involved in the juvenile justice system
- Average number served is 50 youth at any given time, with a capacity of 75-to-100 youth

Chrysalis Health (Intercepts 0, 4, and 5)

- Services include targeted case management and outpatient services for youth aged three and older
- Therapists conduct a biopsychosocial assessment.
- Personnel includes 12 therapists.
- Chrysalis Impact Program (Intercept 4):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and diagnosed with a mental health, substance use and/or co-occurring disorder; or
 - any age, released from a residential commitment program, returning to their home community, and placed on either conditional release or post-commitment probation status
 - Services include in-home and family therapy for mental health, substance use, and co-

- occurring disorders (Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, and Seeking Safety treatment model).
 - Therapists complete comprehensive clinical assessments for juveniles at admission.
 - The average time between referral and initial assessment is 10 days; there is an average of 14 business days between assessment and initiation of therapy sessions.
 - The average length of stay is 15-to-18 weeks.
 - Juveniles are referred to community providers for transition services upon program completion.
- Chrysalis Redirections Program (Intercept 5):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and have family factors as a ranking criminogenic need or assessed as having mental health or substance use needs, and present a risk of violating the conditions of supervision (as identified through the administration of the Positive Achievement Change Tool [PACT] assessment); or
 - any age, released from a residential commitment program, returning to their home communities, and on either conditional release or post-commitment probation status
- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders.
- Average time from referral to assessment and start of services is 17 days
- Average length of stay is 15-to-18 weeks
- Transition services are provided upon completion of the program.

Teen Court (Intercepts 0, 1, and 2)

- Serves juveniles aged 8-to-17 who are:
 - Referred by school administration for a Student Code of Conduct Violation (Intercept 0), or
 - Eligible for a juvenile civil citation (Intercept 1), or
 - Referred by the State Attorneys' Office for a misdemeanor crime (Intercept 2)
- Referrals for the Teen Court are made by law enforcement agencies in Duval County, Duval County Public Schools, and the State Attorney's Office
 - Case managers utilize the Prevention Assessment Tool (PAT) to screen for Teen Court eligibility.
- The Teen Court serves between 600 and 700 youth per year.
 - Average length of time in the program is 90 days
- Services include assessment, case management, drug testing, mentoring, life skills, restorative justice conferencing, "Know the Law" class, family coaching, anger management, Nurturing Parenting groups, and Journey to Womenhood groups
 - Youth in need of outpatient and residential treatment for substance use and mental health services are referred to community-based service providers.
 - Average time from referral to start of services may take as little as 3 days or up to 2 weeks
 - There is no waitlist for the Teen Court and appointments for services are set up immediately following program referral.
- There is no cost associated with the Teen Court or any of the referred services.
- Transition services vary, but all youth are encouraged to return as volunteers for community service hours and are encouraged to complete any therapeutic services they are engaged in (at no cost to the family).

Family Support Services of North Florida (Intercepts 0 and 5)

- Family Assistant Support Team (FAST) provides supports and services within the family home to prevent youth from entering the foster care system.
- Provides care coordination, transportation, housing, food, clothing, other basic needs

Reach Program

- Provides in-school therapy services

Journey to Success

- Case management and advocacy for students aged 10-17 arrested for the first time

SEDNET

- Family Service Planning Team facilitated by SEDNET
 - Provides services such as mentoring

National Youth Advocate Program (Intercepts 0 and 5)

- Provides behavioral health services, sex offender counseling, family engagement services, and other services for youth and families involved in the child welfare and juvenile justice system
- The intensive outpatient therapist and treatment coordinator meet with youth and their family at least three times per week and provide in-home and community services.
- Provides all transportation to appointments
- 24-hour crisis line for clients

Additional Programs for At-Risk Youth

- The Boys and Girls Club
- Police Athletic League
- Big Brothers Big Sisters

Crisis Response

Duval County Public Schools (DCPS) Crisis Line

- The Crisis Line is for DCPS employees who are interacting with a student in crisis.
- The Crisis Line connects the caller with the school psychologist and it is the responsibility of the psychologist to reach out to the Mobile Crisis Team (MCT) operated by Child Guidance Center to conduct a mental health assessment.
- If the crisis call results in an involuntary Baker Act examination, the guidance counselor will contact the parent/guardian and the parent has the right to come pick up their child from school.
- If the school proceeds with an involuntary Baker Act examination, the SSO will transport the youth to the Children's Crisis Stabilization Unit (CCSU) operated by the Mental Health Resource Center (MHRC) or River Point CCSU.
- Between August 2018 and December 2018, there were over 2,500 crisis calls in the schools and less than 10 percent resulted in involuntary Baker Act examinations.

Mobile Crisis Team (MCT) operated by Child Guidance Center

- Serves youth in crisis at home and in schools, operates 24/7

- Average number served?
- Average response time within an hour
- The MCT has 7-8 program staff
- Referrals from schools are most common

Community Action Team (CAT) operated by Child Guidance Center

- Team of therapists, case managers, mentors, nurse, and psychiatrist provide wraparound services to high-risk youth and their families
- 35 youth at any given time
- CCSU provides referrals to the CAT

Children's Home Society

- Operates crisis line that serves out-of-home population
- Provides telemedicine, SPARK services (pregnancy prevention), in-school counseling, and care coordination for high utilizers (youth involved with JSO and under a Baker Act Order)

Opportunities for Improvement

- Coordination of services for youth during nine month school year *and* three month summer term
- Single point of access to reach community-based prevention/early intervention services
- Day program for males, similar to the PACE day program for females, including a three-year follow-up for transition planning (AMI was suggested as a provider)
- Job skills training and employment opportunities
- Coordination of community service hours for civil citation and the Teen Court
- Mentoring program, boundary spanners, and navigators for youth and family
- Data collaboration to generate youth profiles with user-friendly data and a unified voice
- A comprehensive up-to-date resource guide (electronic-based)
- Raise public awareness to reduce stigma surrounding behavioral health services
- Reduce Mobile Crisis Team response time

Strengths

- Duval County Public Schools offers employees up to six free counseling visits, if needed.
- There is no waitlist for the Teen Court and appointments for services are set up immediately following program referral.
- There is a variety of community-based prevention and early intervention services.
- CAT and MCT
- Large number of full service schools
- DCPS Crisis Line for school employees

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911

- If a youth is experiencing an apparent behavioral health crisis and involved with a possible law violation, the Jacksonville Sheriff's Office, is the first point of emergency contact and system response.
- If the youth is at school and in an apparent behavioral health crisis, the first point of contact may be the guidance counselor or School Safety Officer (SSO).
- 911 dispatchers receive CIT and Mental Health First Aid (MHFA) training.

211 operated by United Way

- Duval County has a 211 information and referral service operated by United Way.

24/7 Access to Care Line operated by LSF Health Systems

- For 24/7 assistance, a consumer, a family member, or a provider can dial (877) 229-9098.

Law Enforcement

Sheriff's Office

- Jacksonville Sheriff's Office (JSO)

Municipal Law Enforcement

- Duval County School Police Department
- Jacksonville Beach Police Department
- Neptune Beach Police Department
- Atlantic Beach Police Department

Crisis Intervention Team (CIT) Training

- JSO is 100% CIT trained.
- There is a refresher course every three years facilitated by the Police Academy.
- At the time of the mapping, JSO officers were receiving MHFA training.

Baker Act

- When a law enforcement officer arrives to an incident involving a juvenile, the law enforcement officer must determine if the juvenile in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
 - If the juvenile meets the criteria for an involuntary Baker Act examination, he/she is transported to the Mental Health Resource Center (MHRC) Children's Crisis Stabilization Unit (CCSU) for assessment (applies to youth who have committed a misdemeanor or no law violation). Law enforcement does not provide secondary transportation from the MHRC CCSU.
 - If the juvenile meets the criteria for an involuntary Baker Act examination, but has



committed a felony offense, he/she is transported to the Duval County Jail for assessment.

- According to the Baker Act Reporting Center at the University of South Florida, there were 1,664 involuntary Baker Act examinations of Duval County juveniles in FY2016-17.
- Law enforcement's policy is to handcuff youth during transportation to a Baker Act receiving facility.

Marchman Act

- If the youth meets the criteria for a Marchman Act Order (Chapter 397, F.S.) and has not committed a law violation, law enforcement transports the youth to MHRC (substance use facility).
- If the youth requires medical stabilization, the MHRC will transport the youth to an emergency room until stabilized.

Civil Citation (pre-arrest diversion)

- If a juvenile has committed a misdemeanor offense (also applicable for youth that meet the criteria for an involuntary Baker Act examination), the officer has the discretion to issue a civil citation in lieu of arrest.
- Juveniles aged 17 and younger may receive up to three civil citations for misdemeanor offenses.
- A juvenile is not eligible for a civil citation if he/she commits a felony offense or if he/she is a certified gang member.
- Juveniles issued a civil citation by law enforcement are referred to Teen Court.

Teen Court (Intercepts 0, 1, and 2—see Intercept 0 for full description)

- Pre-arrest diversion program for juveniles who committed a misdemeanor offense
- Serves juveniles aged 8-to-17 who are:
 - Referred by school administration for a Student Code of Conduct Violation (Intercept 0), or
 - Eligible for a juvenile civil citation (Intercept 1), or
 - Referred by the State Attorney's Office for a misdemeanor crime (Intercept 2)

Crisis Services

Mental Health Resource Center (MHRC) Children's Crisis Stabilization Unit (CCSU)

- Baker Act receiving facility for Duval County youth with a capacity of 30 beds
- Upon arrival at MHRC, an Emergency Services Evaluator conducts a clinical assessment to determine the need for inpatient stabilization. Trauma assessments are performed as ordered by the psychiatrist.
 - Youth requiring medical stabilization are transported by MHRC to UF Health Jacksonville/Shands Jacksonville Healthcare or Baptist Medical Center Jacksonville/Baptist Health Center.
 - Youth who do not meet the criteria for an involuntary Baker Act commitment are released to parents and the MHRC assists in aftercare planning.
- While in the CCSU, the youth may have contact with their existing community treatment provider,
- Average length of stay is three-to-five days
- MHRC employs four full-time master's level clinicians to coordinate discharge planning with

the family and community treatment providers.

River Point Behavioral Health Children's Crisis Stabilization Unit (CCSU)

- Baker act receiving facility for Duval County youth
- Upon arrival at River Point, an involuntary Baker Act examination is conducted.
 - If the youth is a walk-in for crisis services, a biopsychosocial assessment is conducted before the youth receives a Baker Act examination.
 - If the youth requires medical stabilization, Liberty Ambulance provides the primary and secondary transports to Memorial Hospital of Jacksonville.
- Average length of stay is three-to-five days
- River Point provides counseling and discharge planning.
- A psychiatrist is on staff.

Opportunities for Improvement

- Juvenile Addictions Receiving Facility (see Intercept 2 Opportunities for Improvement).
- Raise public awareness and educate communities regarding access to community-based behavioral health services rather than law enforcement being the initial contact.
- Discourage law enforcement as the initial contact, when there is a behavioral health conflict and no law violation.
- Explore the conditions and policies that direct school administrators and educators to utilize the Baker Act involuntary assessment process.
- Encourage law enforcement to reach out to the State Attorney's Office for pre-arrest diversion options.
- Encourage the use of provider- and school-driven "safety plans", similar to Wellness Recovery Action Plans (WRAP) in case of a future behavioral health crisis.

Strengths

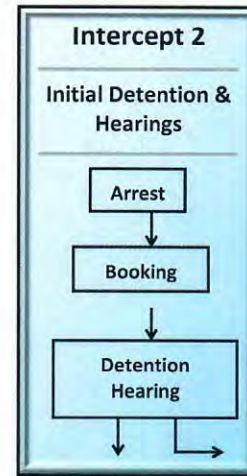
- Two in-county CCSUs
- The MHRC CCSU rarely reaches capacity
- Pre-arrest diversion options (Teen Court and Civil Citation)

Intercept 2—Initial Detention & Hearings

Arrest and Booking

Arrest/Taken into Custody

- When a juvenile is arrested, he/she is transported to the Intake and Processing Area of the adult jail to be processed by a juvenile process officer/intake control officer.
 - The juvenile processing officer/intake control officer reviews the booking report and fingerprints the youth.
 - The DJJ Admission Questionnaire is completed.
 - Tattoos, gang affiliation, scars, are photographed and documented. This information along with the DJJ Admission Questionnaire information is entered into the Corrections Management Information System (CMIS).
 - Processing at the jail may take up to one hour.
 - During the booking process, if the officer detects signs of substance use or mental health problems (intoxicated or self-harm), the juvenile is assessed by a nurse and, if appropriate, the juvenile may be transported to UF Health Jacksonville for medical clearance.
- The officer prepares three Arrest and Booking reports (copy for each of the SAO, Clerk of the Court, and the JAC).
- Upon completion of processing at the jail or receiving medical clearance at UF Health, a transportation officer transports the juvenile to the Juvenile Assessment Center (JAC).
- The JAC receives the juvenile's JAC docket (arrest and booking report and the DJJ questionnaire).



Juvenile Assessment Center (JAC) operated by DJJ

- The JAC is the central intake facility for all juveniles arrested in District IV (following booking processing at the jail).
- Once a youth arrives at the JAC, the Detention Risk Assessment Instrument (DRAI) is administered to determine the detention status.
 - Detention options include secure detention, intensive home detention with electronic monitoring, intensive home detention without electronic monitoring, home detention, evening reporting center, or release).
- The juvenile probation officer (JPO) also administers the following assessments as a part of the initial screening:
 - Positive Achievement Change Tool (PACT)
 - Massachusetts Youth Screening Instrument (MAYSI)
 - Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)
 - Prison Rape Elimination Act (PREA)
 - Human Trafficking Screening Tool (HTST)
 - Suicide Screening Instrument (SRSI)
- JAC personnel inquire about the juvenile's medical history and any psychotropic medications the juvenile may be taking.
- Based on the results of the various assessments, Jewish Family and Community Services (JFCS) care coordinators will administer the Global Appraisal of Individual Needs (GAIN-I).
 - If the juvenile is in need of services, JFCS care coordinators will make referrals to

community behavioral health treatment providers.

- Once a referral is made, the intake conference occurs in person with the youth, the family, the JPO, and the provider.
- On average, 70-to-85 percent of youth taken to the JAC have mental health problems.

Detention Hearing

- If a juvenile is placed in secure detention, a detention hearing occurs in person, within 24 hours of initial detainment to determine the need for continued secure detention.
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's docket (arrest and booking report and DJJ Questionnaire) as well as other assessment materials.
- Parents must sign a release of authorization for evaluation and treatment (AET).
- Designated juvenile probation officers (JPOs) are assigned to attend detention hearings.
- The juvenile may remain in detention for 21 days before another detention hearing is required.

Arraignment Hearing

- Occurs within 24-to-48 hours of arrest
- The Judge, State Attorney's Office, Public Defender's Office, and JPO receive a copy of the juvenile's packet including assessment materials.
- The juvenile may plead guilty, not guilty, or no contest; or he/she may request an extension.
- Youth may be formally charged or the State Attorney's Office may request that the juvenile be direct filed into the adult criminal justice system.
- The State Attorney's Office may make recommendations for diversion.

Diversion Opportunities

BAYS Florida Juvenile Diversion Alternative Program (JDAP)

- Post-arrest juvenile diversion program serving youth aged 17 and under who have high-risk factors
- With the approval of the State Attorney's Office, juveniles are referred to the program by DJJ. The SAO utilizes JDAP when seeking more intensive supervision and programming. Admission criteria include (but are not limited to) juveniles who commit a:
 - Misdemeanor offense,
 - Misdemeanor offense with a prior adjudication,
 - Second misdemeanor offense with a prior adjudication,
 - Violent first-degree misdemeanor offense, or
 - First time felony offense (of the third degree).
- Upon admission, JDAP case managers conduct an intake needs assessment and administer the Positive Achievement Change Tool (PACT).
- Provides individualized services including:
 - Scheduling supervision and monitoring of compliance with court-ordered sanctions (e.g. community service, curfew and restriction, individual, group, and family counseling, anger management, school and vocational services, life and social skills classes).
 - Referral to and monitoring of substance use and mental health treatment services.
- Capacity to serve 70 juveniles at any given time (no waitlist)
- The program served an average of 200 youth from November 2017 to November 2018.

- The average length of time from referral to start of services is seven days.
- The average length of stay in the program is two-to-four months based on a juvenile’s individual needs.
- JDAP does not provide transition services at this time.

Youthful Offender Program operated by the State Attorney’s Office

- Serves qualified first-time juvenile offenders
- Juveniles and parents participate in a hearing conducted by specially trained hearing officers.
- Typically, assigned sanctions can be completed in 90 days.
- Charges may be dismissed upon successful completion.

Teen Court (Intercepts 0, 1, and 2—see Intercept 0 for full description)

- Pre-arrest diversion program for misdemeanor offenses
- Serves youth ages 8-to-17 who are:
 - Eligible for a juvenile civil citation (Intercept 1)

Opportunities for Improvement

- “No wrong door”—a central receiving system for juveniles that includes a JAC, CCSU, and JARF (co-located)
- Shift the booking process from the Duval County Jail to the JAC
- Multidisciplinary team to examine diversion options and their appropriateness prior to a youth’s arraignment
- Sustainability of screening and case management services at the JAC once the reinvestment grant concludes

Strengths

- When a juvenile has been referred to a community-based treatment provider and is exiting the JAC, an intake conference is convened in-person (warm hand-off) and includes the youth, the family, the JPO, and the provider.
- DJJ, JAC personnel, and providers utilize multiple evidence-based screening/assessment tools.
- Post-arrest diversion options (JDAP, Youthful Offender Program, Teen Court)

Intercept 3—Jails & Courts

Secure Detention

- Secure facility with a 100-bed capacity
- A nurse sees every juvenile within 24 hours of admission into the secure detention facility.
- If a juvenile is taking prescribed psychotropic medications, he/she may see a psychiatrist, if needed.
- Mental health treatment services are available to youth during business hours.
- In lieu of secure detention, a youth may be released and required to report to the Evening Reporting Center

Juvenile Court

- Juvenile court is located in Duval County.
- At the adjudicatory hearing, the juvenile is adjudicated delinquent or not (guilt or innocence).
- At the dispositional hearing and based on the recommendations of the JPO and SAO, the judge makes a determination of the outcome—adjudicated delinquent, adjudication withheld, or not guilty/no adjudication.



Juvenile Drug Court

- State Attorney's Office refers youth to Drug Court post-arraignment.
- Eligibility depends on the nature of the offense—the offense must be related to or the result of a substance use problem or the juvenile must be clinically diagnosed with substance dependence.
- Upon admission, the case manager administers the GAIN-I.
- Juvenile Drug Court hearings convene one-to-two times a month.
- The average duration of involvement with the Juvenile Drug Court is six-to-twelve months.
- At the time of the mapping (December 2018), there were 15 juveniles participating in Drug Court.
- It has the capacity to serve up to 30 juveniles at one time.
- Juveniles must participate in community service and written assignments.
- The Juvenile Drug Court team meets bi-weekly to provide recommendations for youth.
- Gateway provides outpatient substance use and residential treatment, when appropriate, for Drug Court participants.
- Random drug screens are required on a call-in basis.
- Sanctions may include confinement in secure detention (up to five days).
- Successful completion of all requirements:
 - If diversion—charges are dropped
 - If probation—successful completion of conditions of probation

Girls Court

- Accepts girls with felony and misdemeanor charges, as well as girls on probation who are in need of a more intensive program. All girls have a mental health or substance use problem.
- At the time of the mapping (December 2018), there were nine girls in the court program.

- Duval County would like to increase the number of girls in the program because there is capacity to serve 15-to-20 girls.
- Since inception, January 2017, the Girls Court has served 25 youth.
- Girls Court personnel (all female) include four juvenile probation officers.
- Multidisciplinary meeting occurs every two weeks with JPOs, DJJ, the Public Defender's Office, the State Attorney's Office, and Family Support Services to discuss girls' progress.
- Services include mental health counseling, substance use services, wraparound services, and mentoring.
- The State Attorney's Office may initiate a Walker Plan for a girl involved in the Girls Court. The SAO and develops the conditions of the plan. Typically, the SAO will initiate a Walker Plan post-detention petition filed but pre-adjudicatory hearing.
- Successful completion of the conditions of Girls Court can result in the charges being dropped (not filed).

Crossover Court

- Serves juveniles involved in both the child welfare and the juvenile justice system. A juvenile in the child welfare system who receives a felony or misdemeanor charge would be referred to the Crossover Court. This court can accept a juvenile in the child welfare system who is direct filed or transferred into the adult criminal justice system.
 - At the JAC, juveniles are screened to identify the presence of child welfare involvement.
- This court was serving 60 juveniles at the time of the mapping (December 2018).
- Multidisciplinary team serves the Crossover Court.
- There are dedicated JPOs who serve juveniles participating in this court.
- A variety of services are available.
- A juvenile's duration in the Crossover Court is based on his/her treatment plan (probation or commitment).
- Successful completion does not necessarily result in having the charges dismissed.

Dispositional Options

Department of Juvenile Justice Residential Commitment Programs

- After all community interventions and treatment options are exhausted, a juvenile will be placed in a DJJ commitment program. Commitment programs are organized by levels: minimum risk nonresidential, non-secure residential, high-risk residential, and maximum-risk residential.
- Wait time for residential commitment programs vary; there can be a two-to-six month wait for a commitment placement.
- Mental health and substance use overlay program will begin in 2019.
- Services provided in residential commitment programs include education, vocational skills training, and substance use and mental health treatment services.

Twin Oaks (Intercepts 3 and 5)

- Residential Alternative for the Mentally Challenged (Intercept 3)
 - Overall goal is to restore competency for juveniles.
 - Contract with DJJ to serve the North Florida Region (Circuits 1, 2, 3, 4, 5, 7, 8, and 14)
 - Residential commitment program serving moderate-risk juvenile offenders with developmental disabilities

- Offers vocational, mentoring, and educational programming
- Operates a Community Action Team (CAT)
- Provides wraparound services, care coordination, housing, food, clothing, and transportation
- Aftercare Services (Intercept 5)
 - Contract with DJJ to serve the North Florida Region (Circuits 1, 2, 3, 4, 5, 7, 8, and 14)
 - Capacity: 80 juveniles
 - Serving 84 juveniles at the time of the mapping (December 2018)
 - Contract with Kids Hope Alliance/City of Jacksonville
 - Capacity: 34 juveniles
 - Serving 12 juveniles at the time of the mapping (December 2018)
 - Serves males aged 16-to-18, high-to-maximum risk
 - Provides aftercare services to juveniles on probation
 - Vocational and educational programs

AMIkids Jacksonville

- Serves juveniles, aged 14-to-18, in the sixth grade or higher and under the supervision of DJJ
 - Juveniles are referred to the program through DJJ and the SAO
- Capacity: up to 34 DJJ juveniles and 45 juveniles total
- Operates day treatment program for juveniles placed on probation or conditional release
- Operates minimum risk DJJ residential commitment program for males
- Average duration of a juvenile’s participation is five months
- Transition services are provided upon program completion

Community Mental Health Services

Gateway

- Provides adolescent intervention, assessment, residential and outpatient treatment, probation, and aftercare services

Community-based Counseling

- Provides counseling to youth referred by JFCS care coordinators at the JAC, once a youth has been assessed using the GAIN-I

Statewide Inpatient Psychiatric Program (SIPP) operated by Daniel Kids (Intercepts 0, 3, and 4—see intercept 0 for full array of services)

- Residential treatment program for juveniles aged five to 17 exhibiting severe symptoms of mental health and emotional distress.
- Services include individual, group, and family counseling and psychiatric treatment.
- Juveniles continue education while at SIPP through Duval County Schools’ Hospital Homebound Program.
- SIPP personnel includes therapists, behaviorists, nurses, psychiatrists, recreation specialist, and a certified teacher.
- Average length of stay is four-to-six months.

Opportunities for Improvement

- Develop a female residential program in Duval County.

- Develop a day treatment sex offender program and sex offender counseling services within the community.
- Provide in-county intensive outpatient services.
- Reduce the wait time for DJJ residential placement because the juveniles housed in secure detention until a residential placement is available (costly and not receiving extensive treatment services).
- Increase psychiatric capacity to reduce the wait time for appointments.
- Address the double “disposition” that results when a juvenile is released from SIPP and has a DJJ commitment order remaining.

Strengths

- Many of the community providers serving youth are located within Duval County.
- Several specialty courts to address behavioral health needs and criminogenic risk factors of juveniles.
- Treatment providers associated with specialty courts.

Intercept 4—Reentry

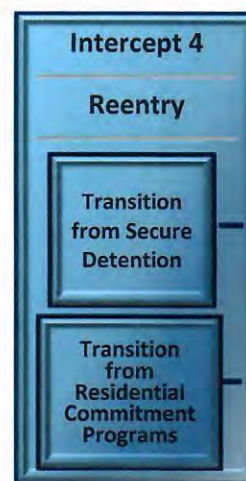
Reentry/Discharge Planning

Release from Secure Detention

- After 21 days in secure detention, youth are usually released on probation or, subject to another detention hearing and order, retained in secure detention.
- There is no formal transition planning for direct release youth.
- Juveniles beginning probation upon release are referred to their JPO.

Release from DJJ Residential Commitment Programs

- Transition planning begins 60 days prior to release from a residential commitment program.
- Daniel Kids operates a Community Reentry Team (CRT) comprised of DJJ, the juvenile's commitment program, parent/guardian, and the JPO.
 - The CRT develops a plan to address transportation home, communication with the school board regarding readmission into the juvenile's home school, as well as referrals to community-based services, if needed.
- The juvenile, parents, the JPO, and the provider cooperatively develop a YES Plan that includes key information from the PACT (risk and protector factors) and stipulates measurable goals for the juvenile, the parents, and the JPO. Examples of goals include:
 - The juvenile will attend school and attend an anger management course.
 - The parent will work with the juvenile to recognize the differences between pro-social and anti-social behaviors).
 - The JPO will assist the juvenile to identify positive role models and encourage pro-social relationships.
- Conditional release
- The juvenile retains the remainder of prescription medication taken while in the program and an additional 30-day supply.
- Parents receive referral information and are responsible for making appointments.



Project Connect

- Reentry and aftercare services for youth involved in the juvenile justice system who are transitioning back into the community.
- Services focus on education, vocational training, transportation assistance, mentoring, and family reunification.
- Receive referrals from Circuit Four DJJ JPOs.
- Average length of stay is three-to-six months depending on service plan completion.
- Project Connect's state contract
 - Eligible youth include males and females, aged 11 and older, who are on probation, direct discharge/release, post-commitment program, or conditional release.
 - Referrals may be initiated within one month of residential placement and transition services begin within one month of receiving an approved referral.
 - Serves 80 youth at a time through the state contract.
 - Serves an average of 190 juveniles per year.

- Kids Hope Alliance / City of Jacksonville contract
 - Eligible juveniles include 16-to-18 year olds returning from maximum-risk or high-risk DJJ residential commitment programs.
 - Transition services are initiated during the last four months of residential commitment and community-based services are initiated within 3 days of release.
- Serves 30 juveniles annually
- Served 35 youth in FY2017-18

Daniel Kids (Intercepts 0 and 4—see intercept 0 for full description)

- For youth aged 0-19, Daniel provides traditional counseling, case management, academic support and mentoring, independent living, and a respite program.
- 15 WRAP coordinators (average caseload 1:13)
- Juveniles receive an aftercare plan at discharge, but additional transition services are not provided.

Chrysalis Health (Intercepts 0, 4, and 5—see Intercept 0 for full array of services)

- Services include targeted case management and outpatient services for clients aged three and older.
- Therapists conduct a biopsychosocial assessment.
- Personnel include 12 therapists.
- Chrysalis Impact Program (Intercept 4):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and diagnosed with a mental health, substance use and/or co-occurring disorder; or
 - any age, released from a residential commitment program, returning to their home community, and placed on either conditional release or post-commitment probation status
 - Services include in-home and family therapy for mental health, substance use, and co-occurring disorders (Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, and Seeking Safety treatment model).
 - Therapists complete comprehensive clinical assessments for juveniles at admission.
 - The average time between referral and initial assessment is 10 days; there is an average of 14 business days between assessment and initiation of therapy sessions.
 - The average length of stay is 15-to-18 weeks.
 - Juveniles are referred to community providers for transition services upon program completion.

Delores Barr Weaver Policy Center

- Advocacy center for girls involved in the juvenile justice and child welfare systems.
- Girls are referred to Delores Barr Weaver Policy Center 30 days prior to release from residential commitment programs.
- Services include:
 - Advocacy in court, detention facility, and commitment programs
 - Tele-mental health services
 - Mentoring
 - Group counseling in the detention center

Child Guidance Center

- Wraparound services

Operation New Hope

- Provides housing assistance, job training, and employment placement

Justice Works Program

- Provides mentorship and support for high-risk DJJ youth
 - Meet with youth for an average of six hours a week
- Serving 12 youth at the time of the mapping (December 2018)

Opportunities for Improvement

- Care coordination embedded throughout programs and services
- High-fidelity wraparound services as part of the System of Care

Strengths

- Reentry services for juveniles transition from residential placement back into their home communities
- Daniel Kids' Community Reentry Team (CRT)
- Assistance, even if limited, is available for housing, job training, employment placement, and mentoring

Intercept 5—Community Supervision

Conditional Release

- Average JPO caseload - 25
- Average duration is 4-6 months

Twin Oaks (Intercepts 3 and 5—see Intercept 3 for full array of services)

- Aftercare Services
 - Contract with DJJ to serve the North Florida Region (Circuits 1, 2, 3, 4, 5, 7, 8, and 14)
 - Capacity is 80 youth
 - At the time of the mapping (December 2018), serving 84 youth
 - Contract with Kids Hope Alliance/City of Jacksonville
 - Capacity is 34 youth
 - At the time of the mapping (December 2018), serving 12 youth
 - Serves males aged 16-to-18, high-to-maximum risk
 - Provides aftercare services to juveniles on probation
 - Vocational and educational programs



Additional Resources

Chrysalis Health (Intercepts 0, 4, and 5—see Intercept 0 for full array of services)

- Services include targeted case management and outpatient services for clients aged three years and older.
- Therapists conduct a biopsychosocial assessment
- Personnel include 12 therapists
- Chrysalis Redirections Program (Intercept 5):
 - DJJ refers juveniles, male and female, who are:
 - aged 11-to-19, on probation, and have family factors as a ranking criminogenic need or assessed as having mental health or substance use needs, and present a risk of violating the conditions of supervision (as identified through the administration of the Positive Achievement Change Tool [PACT] assessment); or
 - any age, released from a residential commitment program, returning to their home communities, and on either conditional release or post-commitment probation status
- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders.
- Average time from referral to assessment and start of services is 17 days
- Average length of stay is 15-to-18 weeks
- Transition services are provided upon completion of the program.

Vocational Rehabilitation

CareerSource

- Offers employment training through education, resume and interview training, and job readiness workshops.

Fresh Ministries

- Fresh Futures II Program
 - Serves juveniles and young adults, aged 14-to-24, who have been involved in the juvenile justice system and are residents of Duval County.
 - Moreover, juveniles must be under DJJ supervision, in an out-of-home placement, on probation or parole, or under an alternative disposition in a diversion program as an alternative to juvenile prosecution (cannot be transferred/prosecuted in the adult court/convicted of a crime as an adult).
 - Program provides comprehensive case management, educational supports such as mentoring and tutoring, and employment supports such as work readiness training.
 - Successful completion of the program may result in expungement of records for eligible juveniles.
- Fresh Futures Youth Program
 - Year-long program for Duval County high school students aged 14-to-19
 - Services include financial literacy training, college readiness, job readiness, academic enrichment, health and wellness, family involvement, cultural outings, and leadership and character development.

Youth Crisis Center (Intercepts 0 and 5)

- Serves juveniles in the juvenile justice system and CINS/FINS (children-in-need-of-services/families-in-need-of-services) youth ages 6-to-17
- Provides short- and long-term housing and counseling for juveniles; provides safe haven during transition from unstable adolescence to a productive adulthood.
- Prevention and early intervention programs include:
 - Family Link outpatient counseling
 - Residential crisis care
 - Stop Now and Plan (SNAP)
 - SNAP in schools
 - Outpatient behavioral health (individual, family, and group counseling)
 - Intensive case management with a capacity to serve 15 youth

National Youth Advocate Program (Intercepts 0 and 5)

- Provides behavioral health services, sex offender counseling, family engagement services, and other services for youth and families involved in the child welfare and juvenile justice system.
- The intensive outpatient therapist and treatment coordinator meet with youth and family members at least three times per week and provide in-home and community services.
- Provides all transportation to appointments.
- 24-hour crisis line for clients

Family Support Services of North Florida (Intercepts 0 and 5)

- Provides wraparound services, care coordination, transportation, housing, food, clothing, other basic needs

Thaise

- Community-based non-residential service provider serving CINS/FINS
- Assists juveniles considering higher education by providing visits to colleges

Opportunities for Improvement

- Peer specialists/parent partners

Strengths

- Variety of community services including educational and vocational
- Case management and care coordination services

Duval County Priority Areas

Based on the SIM discussion, the participants developed a list of five priorities that will become the focus of the action plan.

Top Priorities

1. Juvenile Addiction Receiving Facility (JARF)
2. Community Awareness and Education
3. Sustain and Expand Behavioral Health Resources and Services
4. Care Coordination and Crisis Response
5. Juvenile Processing Post-Arrest

Duval County Action Plan

Action Planning Process

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. The plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks.

The Action Plan is presented on the following pages.

Priority Area 1: Juvenile Addiction Receiving Facility

Goal: Establish a JARF

Objective: To provide a juvenile substance abuse stabilization facility

Tasks	Action Step	Performance Measure	Who	When
1.1	Explore the feasibility of a single-site JAC/CCSU/JARF to provide stabilization and treatment services	<ul style="list-style-type: none"> To identify primary provider To research available funding opportunities To visit the Hillsborough County CRF operated by GracePoint and ACTS To revisit Duval County's prior CRF application 	<ul style="list-style-type: none"> Steve Bauer (Gateway) Dan Renaud (Florida Recovery Schools) Managing Entity (LSF) 	2019-20
1.2	Explore feasibility of privatizing the Juvenile Assessment Center	<ul style="list-style-type: none"> Obtain local, state and community provider buy-in 	<ul style="list-style-type: none"> Steve Bauer FL Department of Juvenile Justice Circuit 4 Advisory Board 	2019-20

Priority Area 2: Community Awareness and Education

Goal: To increase community awareness and education of resources

Objective: Establish a broad-based means of informing parents and stakeholders of resources

Tasks	Action Step	Performance Measure	Who	When
2.1	Develop a community resource guide to include an electronic platform	<ul style="list-style-type: none"> To explore potential funding sources To identify the methodology for the collection and subsequent updates of the information To identify who would have primary responsibility for the maintenance and upkeep of this application 	<ul style="list-style-type: none"> Jarrett Bolin (Chrysalis) United Way/ 211 Shad Vinson (FSS) Managing Entity (LSF) 	2019

Priority Area 3: Sustain and Expand Behavioral Health Resources and Services

Goal: To provide a continuum of community-based resources to reduce youth from entering higher levels of care

Objective: Youth will receive services in the least restrictive environment

Tasks	Action Step	Performance Measure	Who	When
3.1 Establish high fidelity Wraparound services for diversionary options	<ul style="list-style-type: none"> To identify funding streams/apply for CIRG To develop protocols and processes 	<ul style="list-style-type: none"> Written support from the SAO Written support from DJJ Developed diversion process Secured funding 	<ul style="list-style-type: none"> Criminal Justice Reinvestment Grant Taskforce PCH/KHA/Daniel 	2019
3.2 Explore a feasibility of establishing a Juvenile Mental Health Court	<ul style="list-style-type: none"> Establish judiciary support To research Juvenile Mental Health Court models 	<ul style="list-style-type: none"> Model identified and operationalized Approval from Chief Judge Approval from SAO Secured funding 	<ul style="list-style-type: none"> JSOC/CIRG Task Force SAO/PD/Chief Judge Magistrate Brady 	2019
3.3 Explore the feasibility of developing a cadre of Parent Partners and Peer Support Specialists/ in Duval County	<ul style="list-style-type: none"> Identify provider To develop protocols and processes 	<ul style="list-style-type: none"> Secured funding 	<ul style="list-style-type: none"> FL Department of Juvenile Justice 	2019
3.4 Expand DJJ residential placement options in order to reduce a youth's wait time in secure detention	<ul style="list-style-type: none"> To establish an in-county residential program for female youth To develop a day treatment sex offender program 	<ul style="list-style-type: none"> Data collected showing the need Funding streams identified Champion provider identified 	<ul style="list-style-type: none"> DJJ 	2019-20
3.5 Expand community-based services along the continuum	<ul style="list-style-type: none"> To identify options to expand psychiatric services in Duval County To develop intensive outpatient program/services Establish educational-legal advocacy for offending youth 	<ul style="list-style-type: none"> Gaps analysis conducted Number of collaborations established Funding secured for treatment Number of youth receiving IEPs and 504 plans 	<ul style="list-style-type: none"> Behavioral Health Integration/ Family Support Services LSF Health Systems Behavioral Health Consortium (Trauma Committee) Center for Children's Rights 	2019-20
3.6 Conduct a cross-systems training (hands-on) on trauma, substance use, mental health, sexual assault, and cultural sensitivity	<ul style="list-style-type: none"> To identify best practices related to trauma-informed care/services To implement trauma-informed culture in the juvenile justice system (leadership and direct service providers) 	<ul style="list-style-type: none"> Develop trauma subcommittee Identified trauma training Community Trauma Response Plan 	<ul style="list-style-type: none"> Behavioral Health Integration/ Family Support Services KHA/DCF Behavioral Health Consortium (Trauma Committee) 	2019-20

Priority Area 4: Care Coordination and Crisis Response

Goal: To reduce recidivism

Objective: Effective care coordination will occur at all points in the system

Tasks		Action Step	Performance Measure	Who	When
4.1	Expand pre-arrest and post-arrest front-end diversion options	<ul style="list-style-type: none"> Research appropriate best practice diversion options and valid screening tools Visit Miami JAC 	<ul style="list-style-type: none"> Funding secured Programs identified SAO support obtained 	<ul style="list-style-type: none"> SAO/CIRG Task Force ME/LSF DCF/CAB 	2019
4.2	Develop collaboration strategies between 911 dispatchers, mobile crisis, and law enforcement to appropriately direct crisis calls	<ul style="list-style-type: none"> To develop and implement training for dispatchers to direct crisis calls that do not involve law violations To research best practices in other agencies for 911/crisis response (co-responder model) 	<ul style="list-style-type: none"> Training identified MOU with JSO 	<ul style="list-style-type: none"> Jacksonville Sheriff's Office Child Guidance Center 	2019
4.3	Coordinate and integrate assessment and treatment plans as a youth moves through the system	<ul style="list-style-type: none"> To identify effective care coordination strategies (across the spectrum of services in the juvenile justice system; no wrong door) To develop a position for a SOAR (SSI/SSDI) coordinator to assist youth and families obtaining benefits 	<ul style="list-style-type: none"> Care coordination is available at all points in the continuum Funding identified 	<ul style="list-style-type: none"> Jewish Family and Community Services CIRG Task Force CAB 	2019
4.4	Expand Crisis Mobilization Team	<ul style="list-style-type: none"> To estimate the impact of additional funding in conjunction with serving a greater number of individuals To identify strategies to reduce response time 	<ul style="list-style-type: none"> Data collected demonstrating accurate need Funding secured 	<ul style="list-style-type: none"> State Attorney's Office CAB/CIRG Task Force 	2019

Priority Area 5: Juvenile Processing Post-Arrest

Objective: Reduce juvenile trauma due to arrest and intake

Tasks		Action Step	Performance Measure	Who	When
5.1	Explore feasibility of transferring the juvenile booking process from the adult jail to the Juvenile Assessment Center (JAC) and increase the services provided	<ul style="list-style-type: none"> Design an array of services for the JAC to offer Develop an MOU with providers for JAC treatment services Convene meeting with DJJ/COJ/JSO 	<ul style="list-style-type: none"> Feasibility study conducted JAC champion identified Documented community and stakeholder support 	<ul style="list-style-type: none"> FL Department of Juvenile Justice Jacksonville Sheriff's Office Terry Glover (Northwest Behavioral CAB 	2019-20

Conclusion

The two-day Sequential Intercept Mapping was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM, the USF CJMHSa TAC recommend the following actions:

In summary, it is encouraging to observe the local leadership and commitment to taking the juvenile justice and behavioral healthcare systems to a new level in Duval County. This plan, like other plans, requires follow through.

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

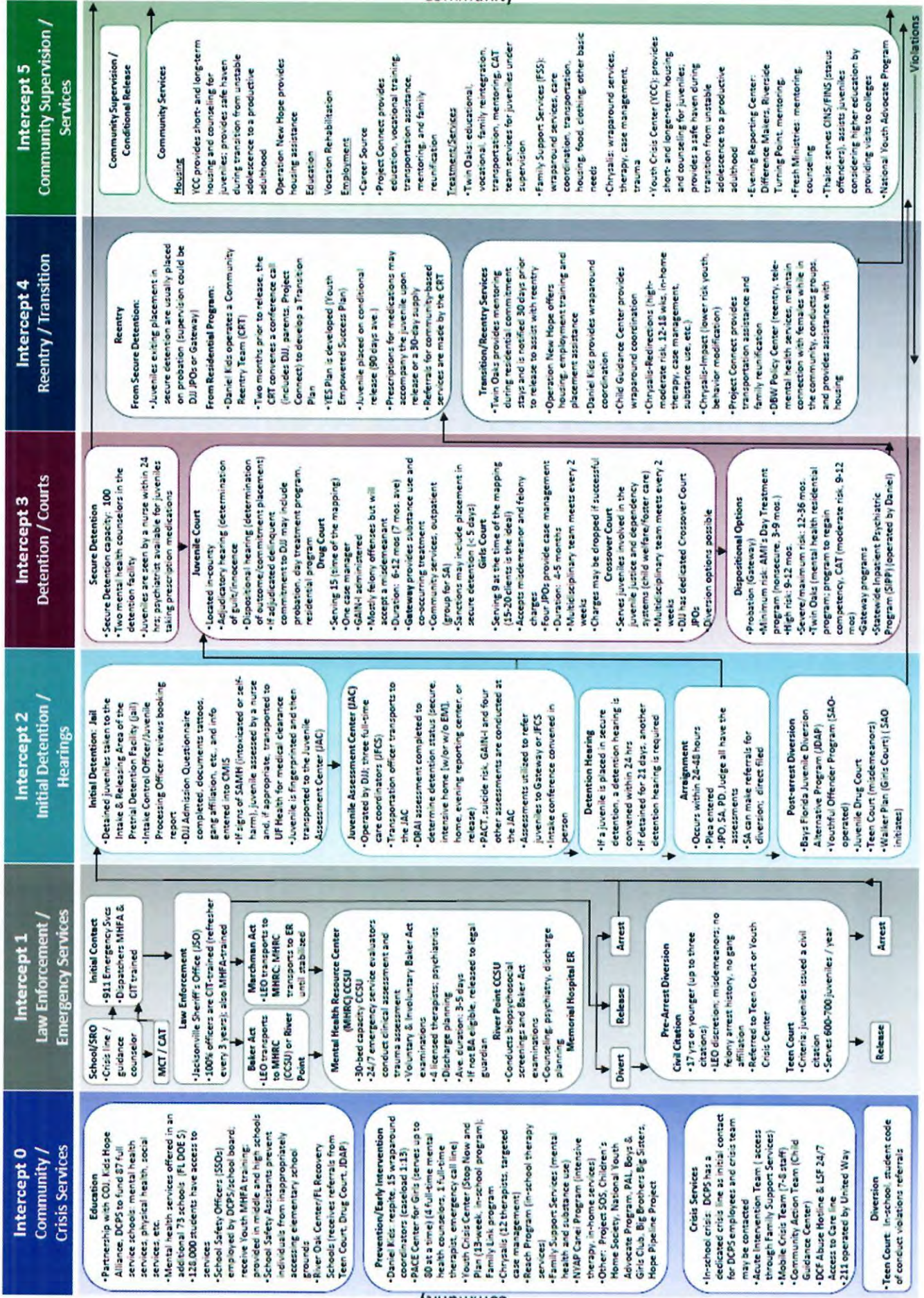
Karen Mann, CJMHSa TAC Program Director at kem2@usf.edu

Katelind Halldorsson, CJMHSa TAC Researcher at katelind@usf.edu

Please visit the USF CJMHSa Technical Assistance website at www.floridatac.org

Sponsored by DCF Contract # LH289

Sequential Intercept Map: Duval County, Florida



Appendix A: Participant List

First Name	Last Name	Organization
Jennifer	Anan	Family Support Services
Vicky	Basra	Delores Barr Weaver Policy Center
Steve	Bauer	Gateway
Alyssa	Beck	Delores Barr Weaver Policy Center
Jennifer	Blalock	Kids Hope Alliance
Jarrett	Bolin	Chrysalis Health
The Honorable Judge	Brady	Judiciary
Mikeila	Carpenter	BAYS/Juvenile Diversion Alternative Program
Jim	Clark	Circuit Advisory Board
Chelsie	Coleman	Juvenile Justice Ministry
Amy	Cooper	Mental Health Resource Center
Joshua	Dasher	Jacksonville Sheriff's Office
Betsy	Dobbins	Center For Children's Rights
Erin	DuPristle	Family Foundations
Stephany	Durham	Youth Crisis Center
Alexandra	Field	Children's Home Society
Andrew	Geroge	Evening Reporting Center
Terri	Glover	Northwest Behavioral Health
Angel	Gomez	Jewish Family and Community Services
Ashley	Graves	Florida Department of Juvenile Justice
Jackie	Green	Florida Department of Children and Families
Diane	Hall	National Youth Advocate Program
Alfreta	Hendley	LSF Health Systems
Kimberly	Hixson	Twin Oaks
Darrell	Johnson	Florida Department of Juvenile Justice
Laura	Lambert	State Attorney's Office
Kevin	Lee	Family Support Services

First Name	Last Name	Organization
Rob	Mason	Public Defender's Office
Jamie	Mericle	Daniel Kids
Chief Derrick	Mitchell	Jacksonville Sheriff's Office
Stephanie	O'Brien	AMIkids Jacksonville
Joe	Peppers	Kids Hope Alliance
Stacy	Peterson	Teen Court/NAB
Greg	Pittman	Daniel Kids
Keto	Porter	United Way
Amy	Read	Florida Department of Juvenile Justice
Kimberly	Reed	PACE Center for Girls
Dan	Renaud	Florida Recovery Schools
Theresa	Rulien	Child Guidance Center
Nikki	Runion	Center For Children's Rights
Stacy	Sechrist	Child Guidance Center
Jackie	Simmons	Duval County Public Schools
Sara	Simpson	Partnership for Child Health
Sarah	Smith	Family Support Services
Willie	Smith	Florida Department of Juvenile Justice
Cecelia	Stalnaker	Youth Crisis Center
Shad	Vinson	Florida Support Services
Sebrina	Walker	BAYS/Juvenile Diversion Alternative Program
Ruth	Waters	Kids Hope Alliance
Vicki	Waytowich	Partnership for Child Health
Katoia	Wilkins	Kids Hope Alliance
Virgil	Wright	Florida Department of Juvenile Justice

Appendix B: Resources

Web Resources and Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLPL)	http://www.usf.edu/cbcs/mhlp/
Florida Department of Children and Families (DCF)- Mental Health and Substance Use Policy Research Associates (PRA)	http://www.myflfamilies.com/service-programs/mental-health
Policy Research Associates (PRA)	https://www.prainc.com/
SAMHTA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhta.gov/gains-center

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

The Substance Abuse and Mental Health Services Administration (SAMHTA)	https://www.samhta.gov/
Center for Mental Health Services	https://www.samhta.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhta.gov/about-us/who-we-are/offices-centers/csat
Center for Substance Abuse Treatment	https://www.samhta.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhta.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://www.samhta.gov/nctic/about
National Clearinghouse for Alcohol and Drug Information	https://www.addiction.com/a-z/samhtas-national-clearinghouse-for-alcohol-and-drug-information/
National Registry of Evidence-based Programs and Practices (NREPP)	http://www.nrepp.samhta.gov/01_landing.aspx
Partners for Recovery	https://www.samhta.gov/partners-for-recovery
SAMHTA Grant Announcements	https://www.samhta.gov/grants/grant-announcements-2017

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
Florida Partners in Crisis	http://flpic.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	http://www.endhomelessness.org/pages/housing_first
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Criminal Justice Reference Service	https://www.ncjrs.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/index.html
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/

Attachment B. DJJ Circuit Advisory Board Comprehensive Plan

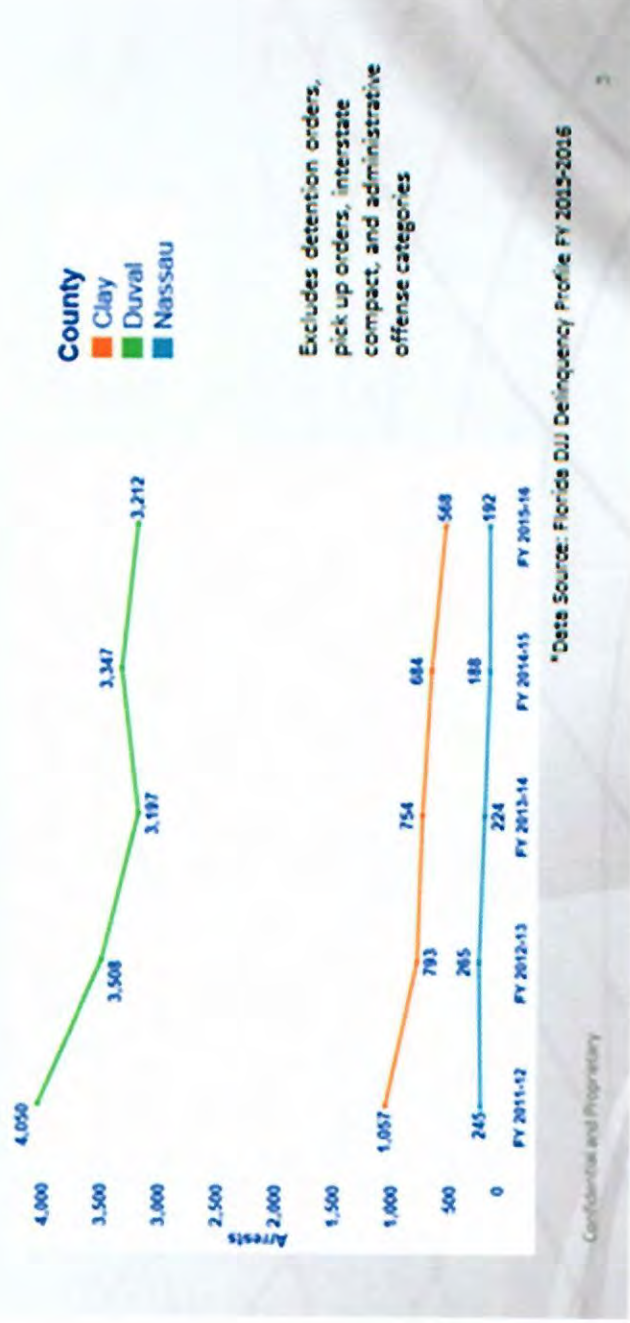
Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

DJJ and Circuit 4 Mission Statement

DJ Mission Statement: To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.

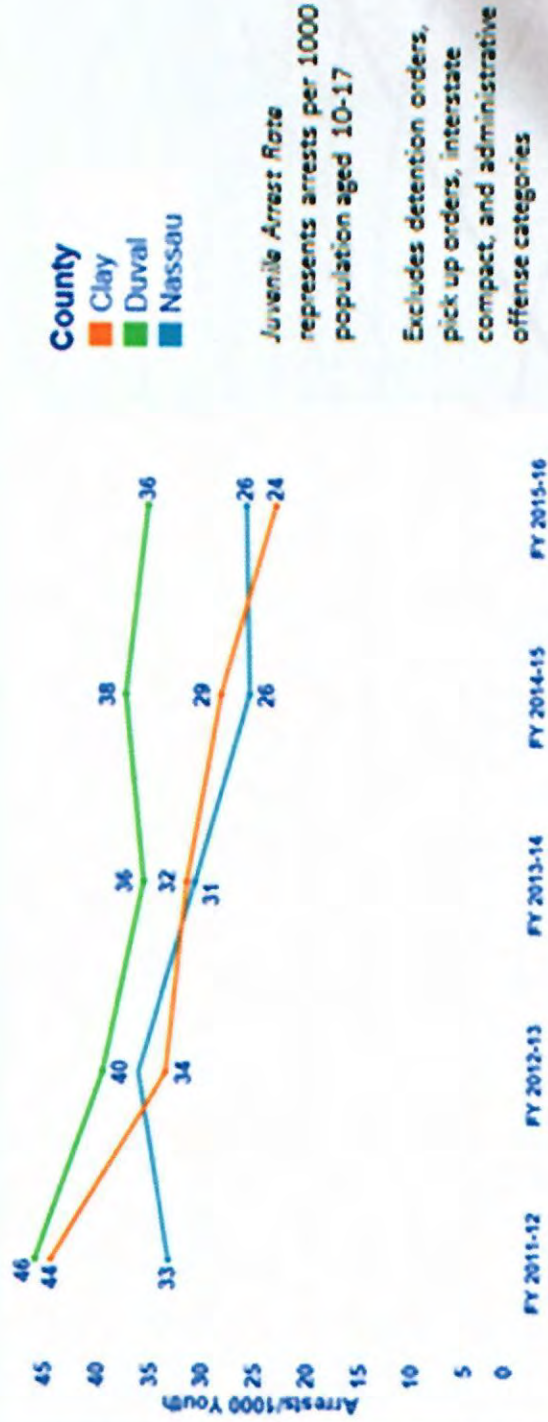
Circuit 4 Advisory Board Mission Statement: The [Circuit 4] Advisory Board exists to provide advice and direction to the Department of Juvenile Justice (DJJ) in the development and implementation of juvenile justice programs and to work collaboratively with the DJJ in seeking program improvements and policy changes to address the changing needs of [Circuit 4] youth who are at risk of delinquency (F.S.985.664)

Trends in Juvenile Arrests in Circuit 4



Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

Trends in Juvenile Arrest Rates in Circuit 4



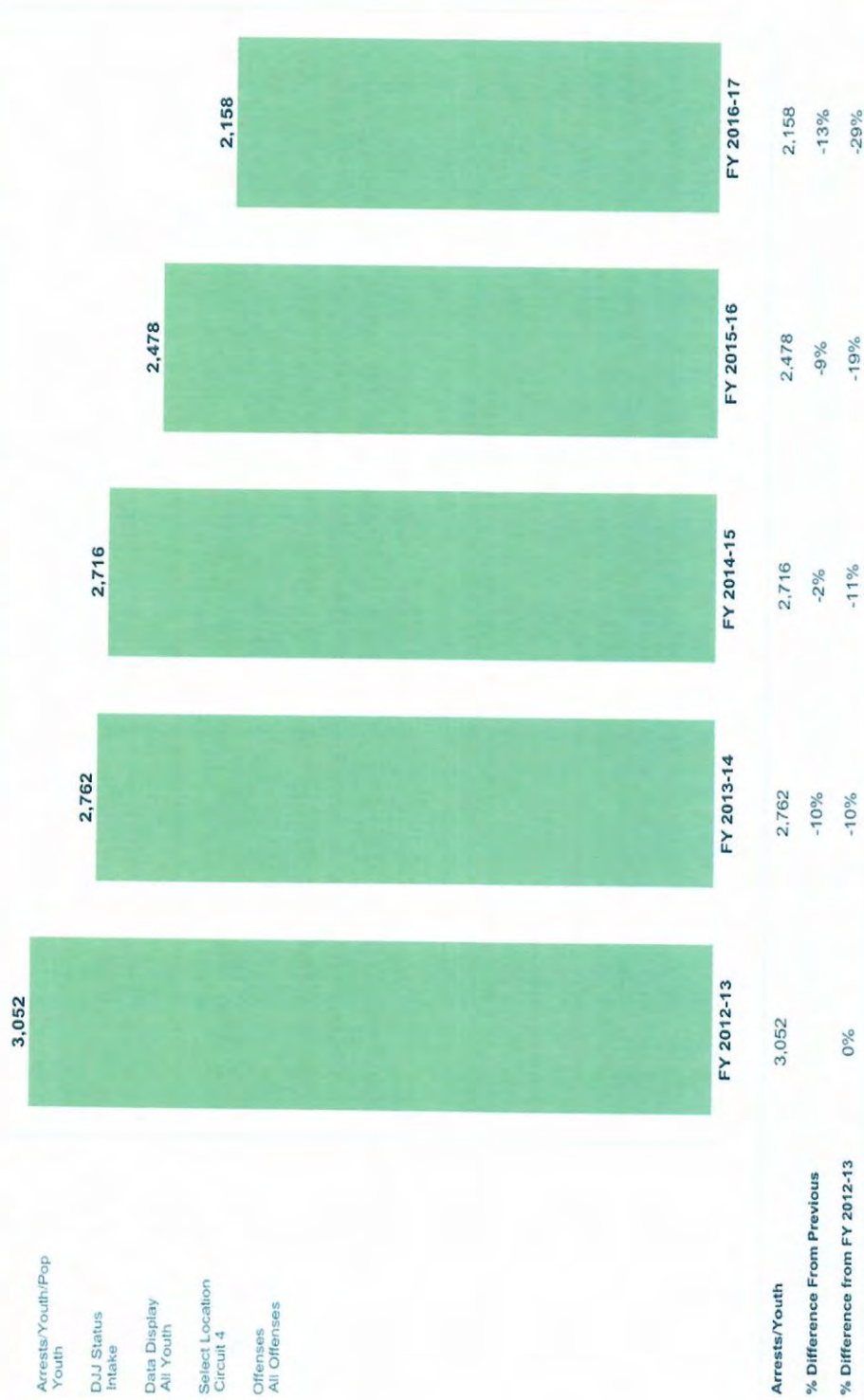
Confidential and Proprietary

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

Delinquency Profile 2017

Florida Department of
JUVENILE JUSTICE
Our Children. Our Future.

Circuit 4 Intake - Youth



This report was compiled using data from the Juvenile Justice Information System (JJIS). For more information, visit <http://www.djj.state.fl.us>

*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://www.djj.state.fl.us/research/delinquency-data/delinquency-profile/delinquency-profile-dashboard)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

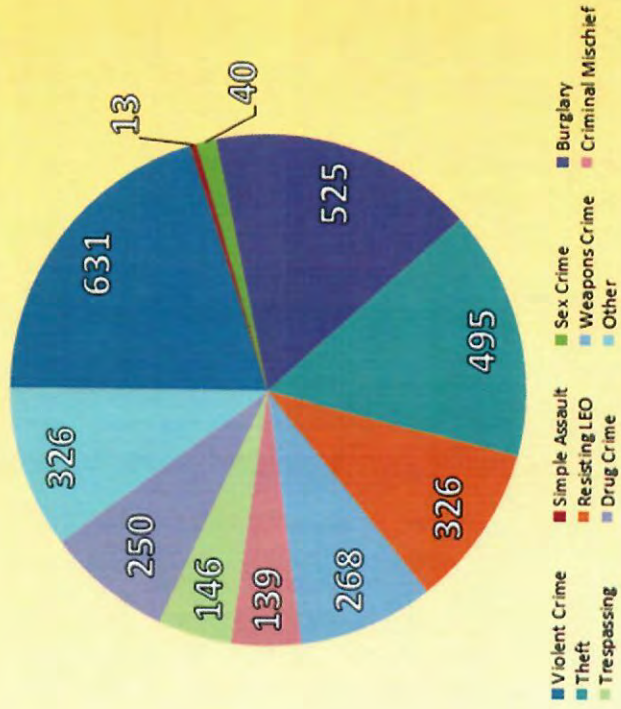


**Office of the State Attorney
for the Fourth Judicial Circuit**
Melissa Nelson
Serving Clay, Duval and Nassau Counties

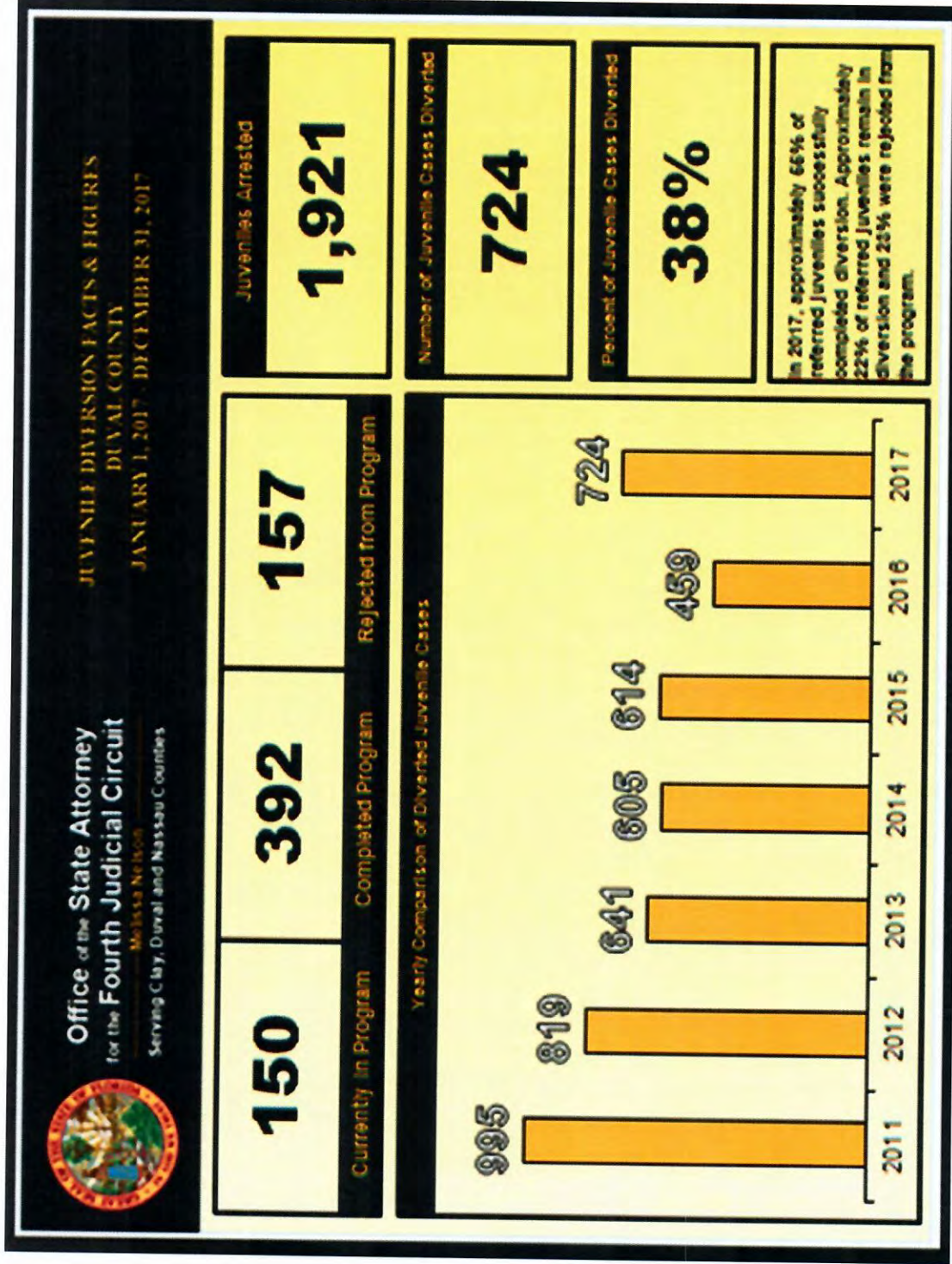
**CHARGES IMPOSED ON JUVENILES ARRESTED
DUVAL COUNTY
JANUARY 1, 2017 - DECEMBER 31, 2017**

Total Charges: 3,159

*Arrestee may have more than one charge

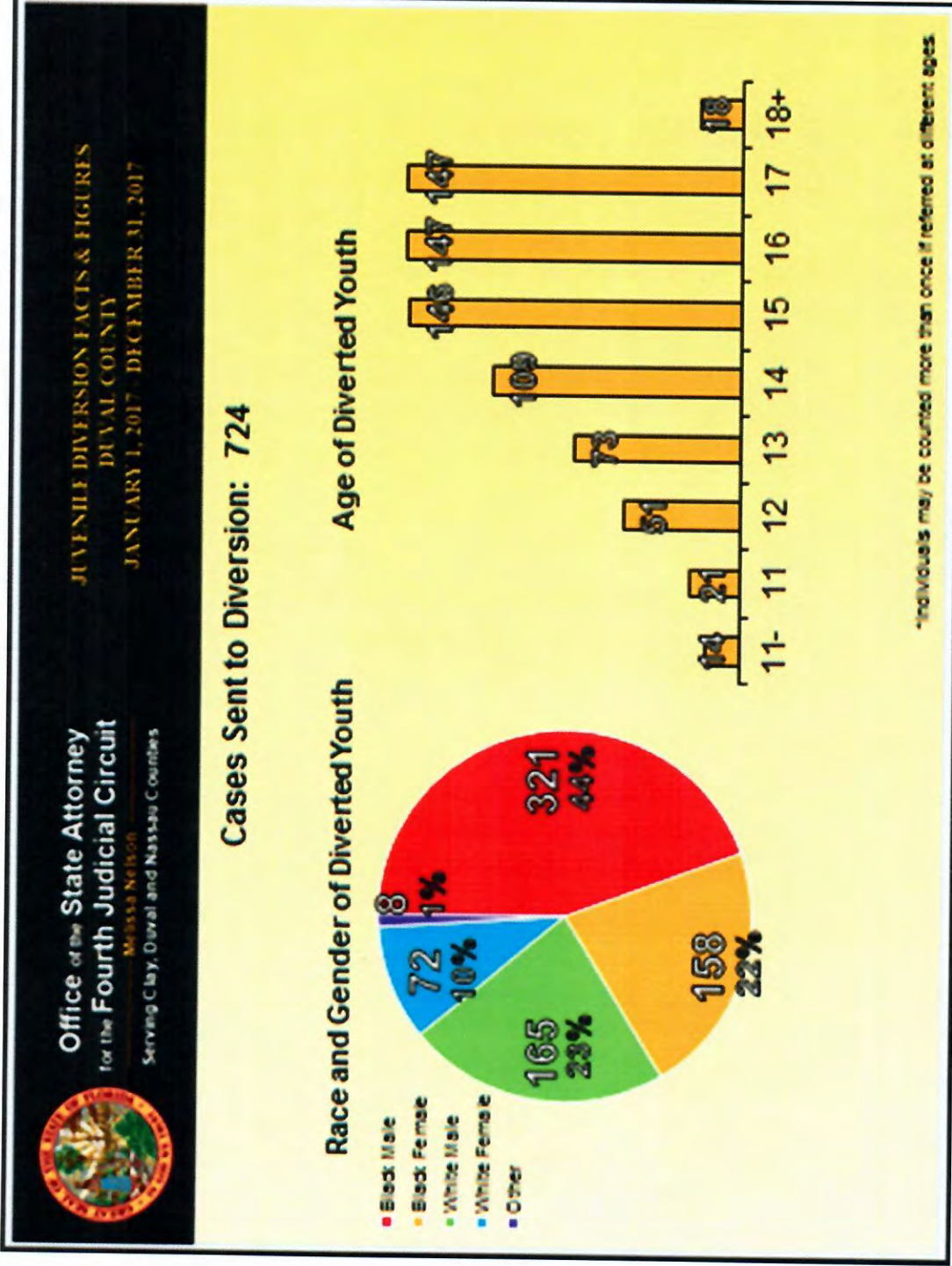


Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020



*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://www.djj.state.fl.us/research/delinquency-data/delinquency-profile/delinquency-profile-dashboard)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020



*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://www.djj.state.fl.us/research/delinquency-data/delinquency-profile/delinquency-profile-dashboard)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

In accordance with section 985.664 (2), Florida Statute, the Juvenile Justice Circuit Advisory Board for Clay, Nassau and Duval Counties has developed the following Comprehensive Plan for the 4th Judicial Circuit.

Section 1. Mission and Values	Section 2. Benchmarks and Goals	Section 3. SWOT Analysis	Section 4. Key Performance Indicators	Section 5. Operations Plan
<p>DJJ's Mission Statement: To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.</p>	<p>1. Reduce juvenile delinquency</p> <p><i>Goal: To reduce the current rate of juvenile crime in Circuit 4 by 10% or from 38.5 to 34.6*</i></p>	<p>1.1 <i>Strength:</i> Circuit 4 has a strong DJJ provider network, a SOC grant, Kids Hope Alliance redesign, SAO increase of civil citation</p> <p>1.2 <i>Weakness:</i> Care coordination and resources to create a trauma informed juvenile justice system; evidence based diversion programs; gang identification and treatment; human trafficking</p> <p>Lack of statewide data collection on youth with mental health diagnosis at an aggregate level.</p> <p>1.3 <i>Opportunities:</i> Provider collaboration and increased funding opportunities and a focus by the Kids Hope Alliance's Juvenile Justice Task Force.</p> <p>1.4 <i>Threats:</i> Lack of capacity and deficit of evidence based programming; gang identification and intervention; Inability to truly identify the extent of the mental health, trauma and substance abuse</p>	<p>1.1.1 <i>Issue:</i> Unidentified and untreated mental health issues contribute to the delinquency of juveniles. Research and local data indicate that upwards to 80% of youth in the justice system meet the criteria for having a mental health or substance abuse disorder. 97% of all DJJ youth have experienced adverse childhood events. The majority do not receive treatment.</p>	<p>1.1.1.1 By 2020, all offenders will be assessed at the JAC with an evidence-based trauma, mental health and substance abuse assessment. All youth identified as needing treatment will be referred and have follow up care coordination.</p> <p>1.1.1.2 By 2020, all points of youth contact within the DJJ system will be trauma informed.</p>
			<p>1.1.2 <i>Improvements:</i> Increased mental health funding in schools will allow for increased continuity of care for referred youth.</p>	
			<p>1.1.3 <i>Solution:</i> All youth will be identified and referred for MH issues at the JAC using evidence based assessment tools and receiving evidence based treatment.</p>	

*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://www.djj.state.fl.us/research/delinquency-data/delinquency-profile/delinquency-profile-dashboard)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

<p>Circuit 4 Advisory Board Mission Statement: The Circuit 4 Advisory Board exists to provide advice and direction to the Department of Juvenile Justice (DJJ) in the development and implementation of juvenile justice programs and to work collaboratively with the DJJ in seeking program improvements and policy changes to address the changing needs of Circuit 4 youth who are at risk of delinquency.</p>	<p>2. Reduce disproportionalities represented in the juvenile justice system <i>Goal: To reduce the disproportionate minority contact in Duval County by 30%.</i></p> <p>2013 disproportionalities* Duval = 66% black; 29% white (2,335) Clay = 76% white; 21% black (559) Nassau = 84% white; 14% black (172)</p>	<p>issue due to lack of JJIS ability to aggregate this type of data.</p> <p>2.1 <i>Strength:</i> Engaged faith-based community and community stakeholders; CAB; State Attorney's Office Juvenile Justice Advisory Council</p> <p>2.2 <i>Weakness:</i> Insufficient funding to address the need.</p> <p>2.3 <i>Opportunities:</i> increased community focus on civil citations and at-large diversions</p> <p>2.4 <i>Threats:</i> gang involvement; high rate of poverty; low economic opportunities for youth in the urban core</p>	<p>2.1.1. <i>Issue:</i> Need for evidence-based diversion programs.</p> <p>2.1.2. <i>Improvements:</i> In the last two years Circuit 4 has increased the use of Civil Citation by 400%*.</p> <p>2.1.3. <i>Solutions:</i> Through education, JSO and DCPS will utilize Civil Citation and other diversion programs as deemed appropriate.</p> <p>2.1.4 Implement wraparound for diversion youth with substance abuse and mental health issues</p>	<p>2.1.1.1. Data will be collected on all youth receiving civil citations in addition to at-large diversion. Juvenile Justice advocates will continue to work with Law Enforcement for increasing diversion. The State Attorney's Office created a Juvenile Justice Advisory Council to dive deep into diversion programming and will be identifying evidence based solutions.</p>
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<p>Section 1. Mission and Values</p> <p>Circuit 4 Advisory Board Values</p> <ul style="list-style-type: none"> ➤ Family-Driven ➤ Youth-Guided ➤ Culturally and Linguistically Competent ➤ Community-Based ➤ Data Driven 	<p>Section 2. Benchmarks and Goals</p> <p>3. Increase the use of alternatives to secure detention</p> <p><i>Goal: To reduce the Average Daily Population (ADP) of youth in secure detention by 25%.</i></p>	<p>Section 3. SWOT Analysis</p> <p>3.1 <i>Strength:</i> Engaged judiciary; successful DV diversion initiative; Evening Reporting Center implemented; increased civil citations</p> <p>3.2 <i>Weakness:</i> funding to expand diversion opportunities.</p>	<p>Section 4. Key Performance Indicators</p> <p>3.1.1. <i>Issue:</i> Circuit 4 secure detention rates continue to be high (ADP between 70- 149);</p> <p>3.1.2. <i>Improvements:</i> increase in DV beds and increased rate of ERC usage.</p>	<p>Section 5. Operations Plan</p> <p>3.1.1.1. Circuit 4 Advisory Board will develop LBRs for DJJ within the allotted timeframes for trauma assessments and probation respite.</p> <p>3.1.1.2. 2020, the Evening Reporting Center will be expanded, to include</p>
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*[HTTP://WWW.DJJ.STATE.FL.US/RESEARCH/DELINQUENCY-DATA/DELINQUENCY-PROFILE/DELINQUENCY-PROFILE-DASHBOARD](http://www.djj.state.fl.us/research/delinquency-data/delinquency-profile/delinquency-profile-dashboard)

Circuit 4 DJJ Advisory Board Comprehensive Plan 2017-2020

		<p>3.3 <i>Opportunities</i>: new funding opportunities and stakeholder collaboration around training and embracing wraparound and system of care philosophies;</p> <p>3.4 <i>Threats</i>: gang violence, lack of trauma informed care in the juvenile justice system</p>	<p>3.1.3. <i>Improvements</i>: SAO administration change resulting in increased civil citation use;</p> <p>3.1.4. <i>Solutions</i>: Expand the use of wraparound for DJJ youth.</p> <p>3.1.5. <i>Solutions</i>: Develop and implement probation respite program.</p>	<p>additional populations and locations.</p> <p>3.1.1.3. By 2020, reimbursement for wraparound by MCOs and Medicaid will be accessible.</p> <p>3.1.1.4. DJJ will allow for the use of probation respite for youth at-risk of violation of probation due to family dysfunction.</p>
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Section 6. Executive Summary

The overarching vision of the Circuit 4 Juvenile Justice Advisory Board is to reduce juvenile delinquency, reduce disproportionalities and increase the use of alternatives to secure detention in Clay, Nassau and Duval Counties. The Board will apply our collective and individual knowledge, resources, and status as members of the community and juvenile justice advocates to effect this change. Benchmarks and goals will be assessed and monitored every six months to evaluate the progress/regress of the plan. Individuals required to achieve such goals will be recruited and the Board will continue to develop the plan of action throughout the course of the Board development in order to fulfill the Circuit’s mission and that of the Department.

Attachment C. JSOCI Strategic Plan

Jacksonville System of Care Initiative Strategic Plan

Vision: Jacksonville’s children with behavioral health challenges and their families are engaged as primary decision makers in a culturally relevant, coordinated healthcare setting that provides the highest quality services and supports and promotes their individual growth to reach their maximum potential.

Mission: Our mission, as a dedicated group of youth and families, child-serving agencies, community partners and other stakeholders is to develop a comprehensive strategic plan to guide the expansion of family driven and youth guided systems of care to improve outcomes for children and families within their cultural context. We will accomplish this through effective utilization of resources, having youth and families in all discussions, intervening early with prevention and intervention, and promoting mental health as a recognized health issue.

Values: Family-Driven; Youth-Guided; Culturally & Linguistically Competent; Community Based; Data Driven; Evidence-Based; Outcome-Oriented

February 17, 2012, the Jacksonville System of Care Board of Directors identified tenets of system transformation that culminated into the following ten goals that serve as the foundation to the strategic plan. On January 17, 2014, and January 19, 2018, the Jacksonville Board of Directors voted to re-confirm these systemic goals as the framework by which the system of care will continue to operate.

- Goal 1:** All child-serving organizations will be family-driven, youth-guided and culturally and linguistically competent
- Goal 2:** Families will be empowered and supported
- Goal 3:** Children and youth will be valued and their rights protected
- Goal 4:** All children in the targeted populations will have their mental health needs met in the least restrictive environment
- Goal 5:** Services are prioritized by and funded based on the needs of children and that of the individual child
- Goal 6:** Revenue Maximization strategies will generate additional resources for children and youth at-risk of and with severe emotional disturbances
- Goal 7:** All children have a behavioral health home structured as a component of the Medical Home, with access to the services required to prevent and treat children with emotional/behavioral/mental health conditions
- Goal 8:** All services are evidence-based or promising practices
- Goal 9:** A robust children’s mental health research and policy center will be established.
- Goal 10:** A comprehensive training center will be established to support all facets of established system of care changes.

Goal #1: All organizations will meet standards of cultural and linguistic competence to include family-driven and youth-guided				
Objectives	Strategies or Action Steps	Measures of Success	Responsibility	Timeframe
1.a Organizations will complete the cultural and linguistic competency organizational self-assessment	1.a.1. Identify organizational self-assessment 1.a.2. Test and pilot the self-assessment 1.a.3. Distribute to stakeholder organizations	Completed organization self-assessments by System of Care stakeholder agencies.	CLC Coordinator/Committee/FOF/CHEQR/Community stakeholder agencies	November 2014 Complete
1.b. Organizations will be culturally and linguistically competent	1.b.1. Develop standard SOC training curricula for organizations 1.b.2. Provide monthly training opportunities for organizations	Customer Satisfaction surveys Completed CLC training curricula	CLC Coordinator/Community stakeholder organizations/committees/FOF	October 2015 On-going
1.c. MOUs with all stakeholders establishing their commitment	1.c.1 MOUs are developed delineating SOC commitment. 1.c.2 MOUs are developed for specific ad hoc relationships (i.e., training)	Signed MOUs	Project Director	On-going
1.d. Managing Entity will adopt SOC core value contract language	1.d.1 Develop MOU with LSF Health Systems that includes developing SOC contract language 1.d.2.	SOC core value language included in all LSF Health System contracts	PD/CLC Coordinator/FOF/LSF Health Systems	May 2016 Complete Ongoing

Goal #2 Families will be empowered and supported through a viable and independently functioning FOF			
Objectives	Strategies or Action Steps	Measures of Success	Responsibility
2.a SOC has a functioning and purposeful Federation of Families	2.a.1. Create and distribute FOF brochure 2.a.2. Develop bylaws and strategic plan 2.a.3. Identify advocacy initiatives 2.a.4. Develop training calendar with training for youth and families in Leadership, Self Advocacy & Policy Development 2.a.5. Family partners program 2.a.6. Mechanisms and infrastructure for family partner reimbursements 2.a.7. Sustainability plan to include identified sources for revenue generation and implementation pilots 2.a.8. Develop family guide	Completed brochures Completed strategic plan Hire family partners Obtain Medicaid number Completed Family Guide	MHA/FOF Officers and organization/PD/Kelvin Lewis/Jill Fane July 2014 September 2015 Complete *objective being modified
Goal #3: Children and youth will be valued and their rights protected			
Objectives	Strategies or Action Steps	Measures of Success	Responsibility
3.a. Sustainable youth council	3.a.1. Hire ombudsman 3.a.2. Develop bylaws, strategic plan and business objectives 3.a.3. Establish YC network 3.a.4. Implement social marketing 3.a.5. Develop and implement training plan 3.a.6. Establish legislative agenda 3.a.7. meet with local officials 3.a.8. Link with Funky Dragons, etc. 3.a.9. Develop peer counselor initiative	Ombudsperson hired Completed infrastructure Identified legislative agenda Documented relationship with FD Hired Peers	MHA/YouthMOVE/JYC/ Kristin Murray/ Ombudsperson/PD March 2014 December 2013 June 2014 September 2015 September 2017 *objective being revised
3.b. Children will be valued	3.b.1. Implement Frameworks 3.b.2. Initiate social marketing plan	Consistent youth message	MHA/ Kristin/ PD/Frameworks/youth July 2014 Marketing plan complete
Goal #4: All children in the targeted populations will have their mental health needs met in the least restrictive environment			