

youth Longevity
together collaborative really openly opportunity
services new agencies desire table
helped professionals network skilled child system speak families
bring Ability valuable service commitment
willing **community** advocates lines
communication wealth ensure time ideas
Many **standing** amongst accept expand resolve
large care issues talented share provider
information positive meet supportive mission
between team stepped open
work children **providers**
works maintaining local
qualified help needs
collaboration

Sequential Intercept Mapping

Transforming Services for Youth with Mental Illnesses and/or
Substance Use Disorders Involved with the Juvenile Justice System

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



Overview

About Us

What Does the Research Say?

Volusia County Data

The Challenge & Solution

SIM Model & Intercepts

Action Planning

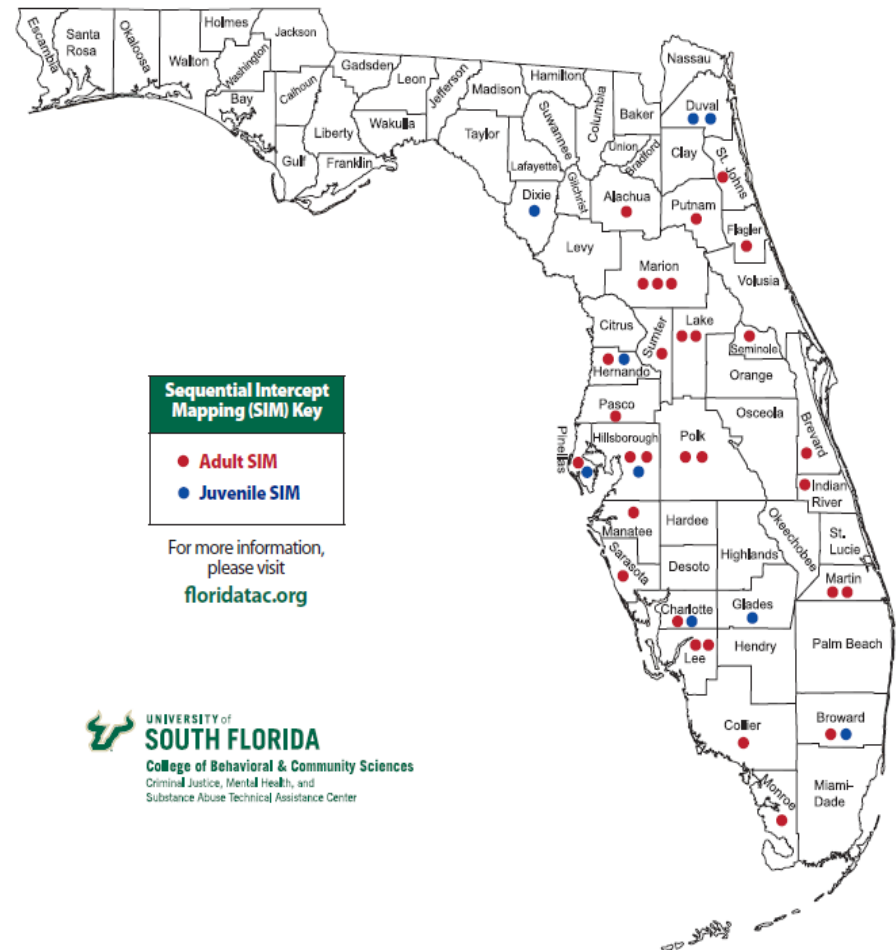
Next Steps

Contact Information

CJMHSA Technical Assistance Center

- Funded by Department of Children and Families
- Provide training/technical assistance for grantees of the CJMHSA reinvestment program
- Access to national and statewide subject matter experts and resources
- Menu of services
 - Mapping
 - Facilitation/planning
 - Grant writing
 - Topic-specific trainings

CJMHSA TAC SIM Mappings 2008-2021



What does the Research Say?

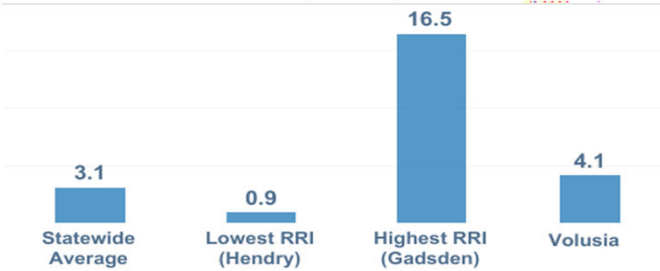
- A relationship exists between mental health problems and juvenile delinquency.
- Mental health problems and/or co-occurring mental health and substance use disorders increase a youth's risk of involvement in the justice system.
- Research also demonstrates substantial racial disparities in juvenile justice and behavioral health settings.

Disproportionate Minority Contact / Racial Ethnic Disparity Benchmark Report FY 2019-20

Overview	Relative Rate Index	Methodology	Definitions
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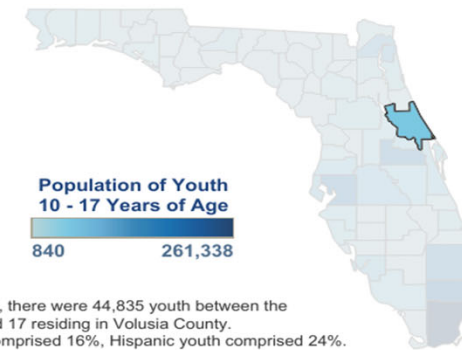
Volusia County FY 2019-20

Black Youth RRI Scores (Arrests)



Arrest RRI	Ranking
4.1	25

Click on the map to filter by county



In FY 2019-20, there were 44,835 youth between the ages of 10 and 17 residing in Volusia County. Black youth comprised 16%, Hispanic youth comprised 24%.

		Black	White	Hispanic	Other
Juvenile Population (Age 10 - 17)	44,835	15.9%	57.2%	24.2%	
Juvenile Arrests	1,456	47.3%	41.4%	11.1%	
Petitions	558	51.1%	39.1%	9.7%	
Adjudications	376	52.4%	38.3%	9.0%	
Diverted	385	43.4%	45.5%	10.9%	
Probation Supervision	331	52.6%	37.8%	9.4%	
Residential Commitment	53	43.4%	45.3%	11.3%	
Transfer to Adult Court	11	Insufficient Data			
Secure Detention	297	55.6%	33.3%	11.1%	

Volusia County Data

2019 US Census Data

- Approximately 17.5% of population is under 18
- **Median household income \$49,494 (FL: \$55,660)**

2020 Florida Youth Substance Abuse Survey

- 2.4 ACEs on average reported by Volusia County high school students
- **29% of HS students exposed to at least 4 ACEs (considered high level of trauma) (FL: 21.7%)**
- **37% have mental illness within their household (FL: 30.5%)**
- **12.4% of students skipped school because of bullying (FL: 9.3%)**

FY18-19 Baker Act Report

- **Baker Acts for youth increasing since FY15/16**
- 1,192 involuntary examinations for youth in 2018-2019 (25.36% of all exams)
 - SMA Healthcare
 - Halifax Health Medical Center
 - Halifax Psychiatric Center-North

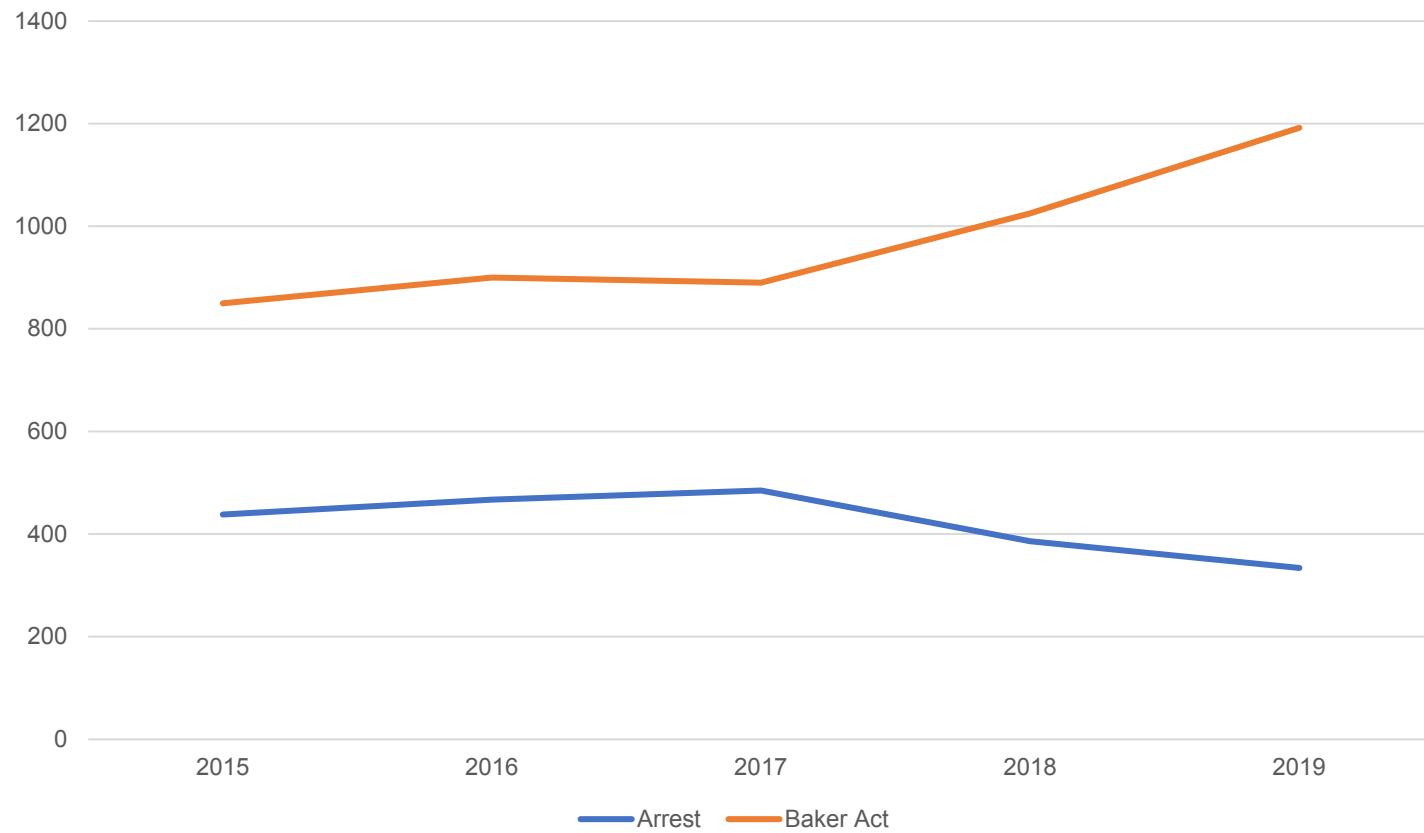
National Center for Education Statistics Data

- 92 schools with 63,009 students in 2019-2020 school year

Florida Department of Law Enforcement Data

- **Juvenile arrests declining since 2015 (438 in 2015 vs. 334 in 2019)**

Comparison of Juvenile Baker Acts vs. Arrests (2015-2019)



The Challenge

- Juveniles become involved in multiple systems simultaneously:
 - Mental health
 - Substance use
 - Juvenile justice
 - Education (traditional, alternative)
 - Child welfare and other social services (homeless, CINS/FINS)
- Costly services – particularly for juveniles who access multiple systems multiple times (cycle and recycle through)
- **SOLUTION: Cross-Systems Collaboration**



Solution: Sequential Intercept Mapping

- Strategic planning process that assesses community assets/gaps for individuals with MI/SUD involved with the juvenile justice system
- Individuals flow through the juvenile justice system in predictable ways
- Illustrates key points to “intercept” individuals in order to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through juvenile justice system
 - Linkage to community services

Six Key Points of Interception

Intercept 0: Community Services / Prevention / Early Intervention

Intercept 1: Law enforcement / Emergency services / Civil Citation / Crisis Stabilization (CCSU) and Detoxification Services (JARF)

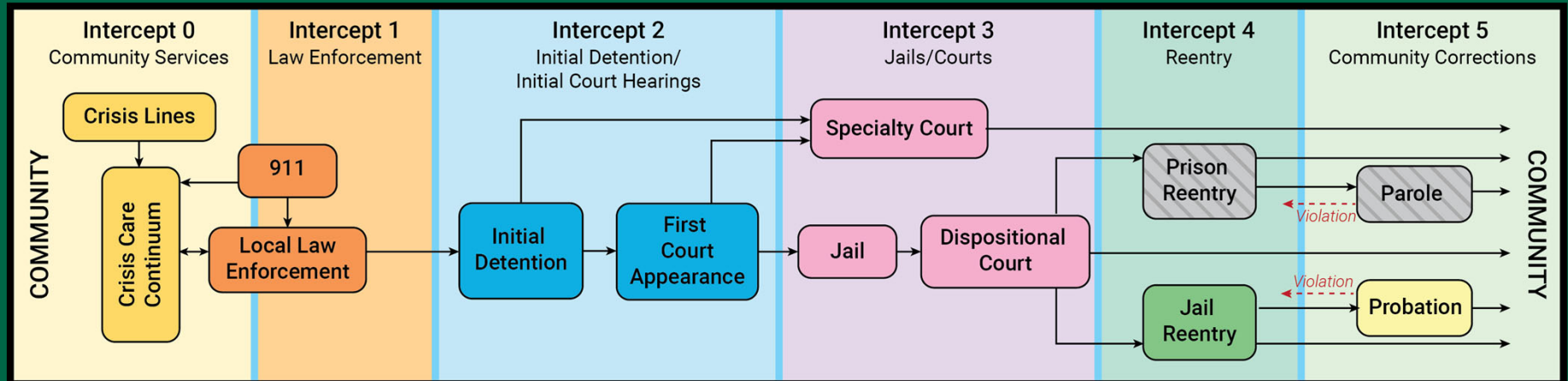
Intercept 2: Juvenile Assessment Centers (JAC) / Screening / Booking / Initial Detention

Intercept 3: Secure Detention / Jail / Courts

Intercept 4: Transition / Reentry

Intercept 5: Community Services / Aftercare / Probation

Sequential Intercept Mapping: “The Model”



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WHO of Juvenile Mapping

- Juveniles (<18) with...
 - Serious mental illnesses
 - Substance use disorders
 - Co-occurring disorders (SAMH, primary care)
 - Involvement in or at risk of involvement in the juvenile justice systems
 - Prevention, intervention, diversion, and treatment services

Intercept 0: Community Services

Best or Promising Practices (examples):

- Prevention/ Crisis Care Response Models
 - Mobile Crisis Teams (provider based)
 - Crisis Response (211)
- Specialized Law Enforcement and Provider-based Interventions
 - Homeless Outreach Teams
 - System-wide Mental Assessment Response Teams
 - Crisis Intervention Teams (CIT-Y)
 - School Resource Officers

Crisis
Response
Models

Crisis Care
Continuum

Law
Enforcement
Strategies

Intercept 1: Law Enforcement

Evidence-based, Best, or Promising Practices (examples):

- Crisis Intervention Teams for Youth (CIT-Y)
- Mobile Crisis Teams
- Specialized Law Enforcement Training (school resource officers)
- Central Receiving System (Baker Act [CCSU] and Marchman Act [JARF])
- Civil Citation and Other Diversion Options



Emergency Services (911)

Initial Contact

Law Enforcement

Intercept 2: Initial Detention / Detention Hearing / Arraignment

Evidence-based, Best, or Promising Practices (examples):

- Mental health and Substance Use Screening at Booking (co-occurring capable)
- Juvenile Assessment Center screening (PACT)
- Detention (risk screening) (DRAI)
- Pretrial Release Options



Arrest

Initial Detention

Detention/
Adjudicatory
Hearing

Intercept 3: Detention / Jails & Courts

Evidence-based, Best, or Promising Practices (examples):

- Mental Health and Substance Use Screening at Booking (co-occurring capable)
- Psychiatric Services
- Trauma-informed Services
- CIT training for detention care workers and juvenile probation officers
- Problem-solving Courts
- Specialized Court Dockets



Circuit Court

County Court

Disposition /
Commitment/
Direct File


Intercept 4: Reentry

Evidence-based, Best, or Promising Practices (examples):

- Assess, Plan, Identify, Coordinate (APIC) model
- Wraparound Services
- Community Action Teams (CAT)
- Boundary Spanners
- SSI/SSDI Outreach, Assess, Recovery (SOAR)



Detention/
Jail /
Residential
Commitment
Programs



Prison (Transfers
into the Adult CJS)

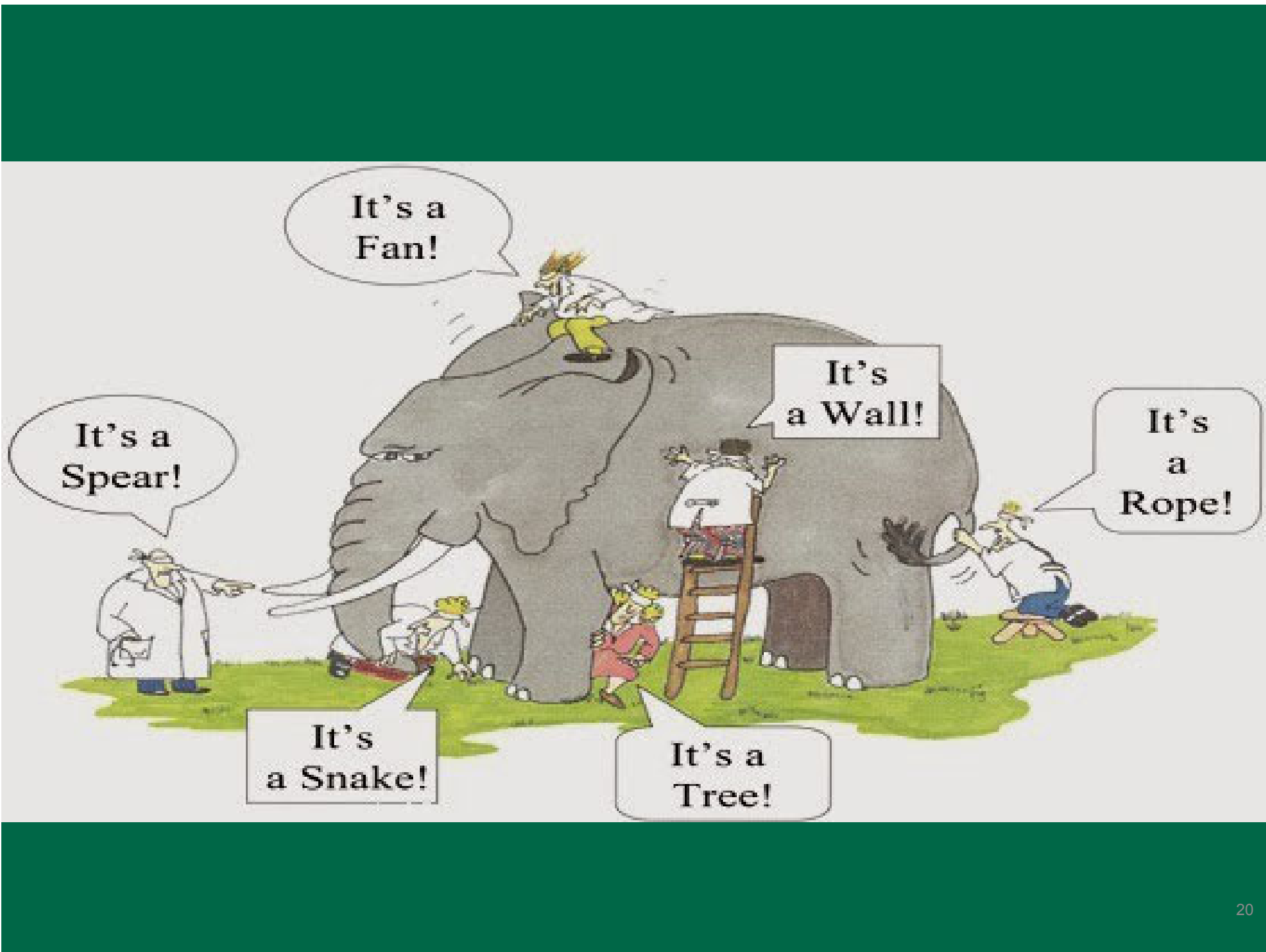
Intercept 5: Community Supervision/Services

Evidence-based, best, or promising practices (examples):

- Specialized Probation Officer Training and/or Caseloads
- System of Care Wraparound Services
- Trauma-informed Treatment
- After-school Programs
- SAMHSA Tool Kits:
 - Permanent Supportive Housing for Youth in Development
 - Supported Employment
 - ACT Model
 - Integrated Co-occurring Disorder Treatment
 - Illness Management & Recovery (i.e., WRAP)



Probation /
Aftercare /
Conditional
Release



It's a Fan!

It's a Wall!

It's a Rope!

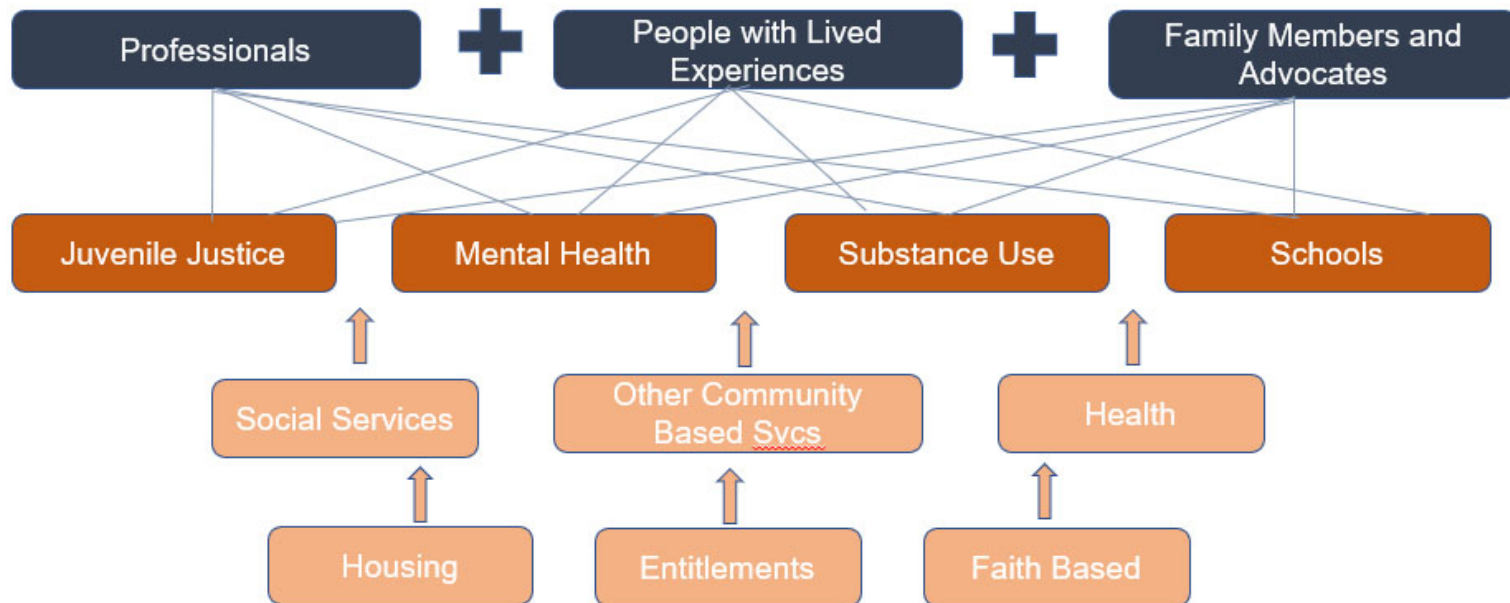
It's a Snake!

It's a Snake!

It's a Tree!

Collaboration and Coordination is Key

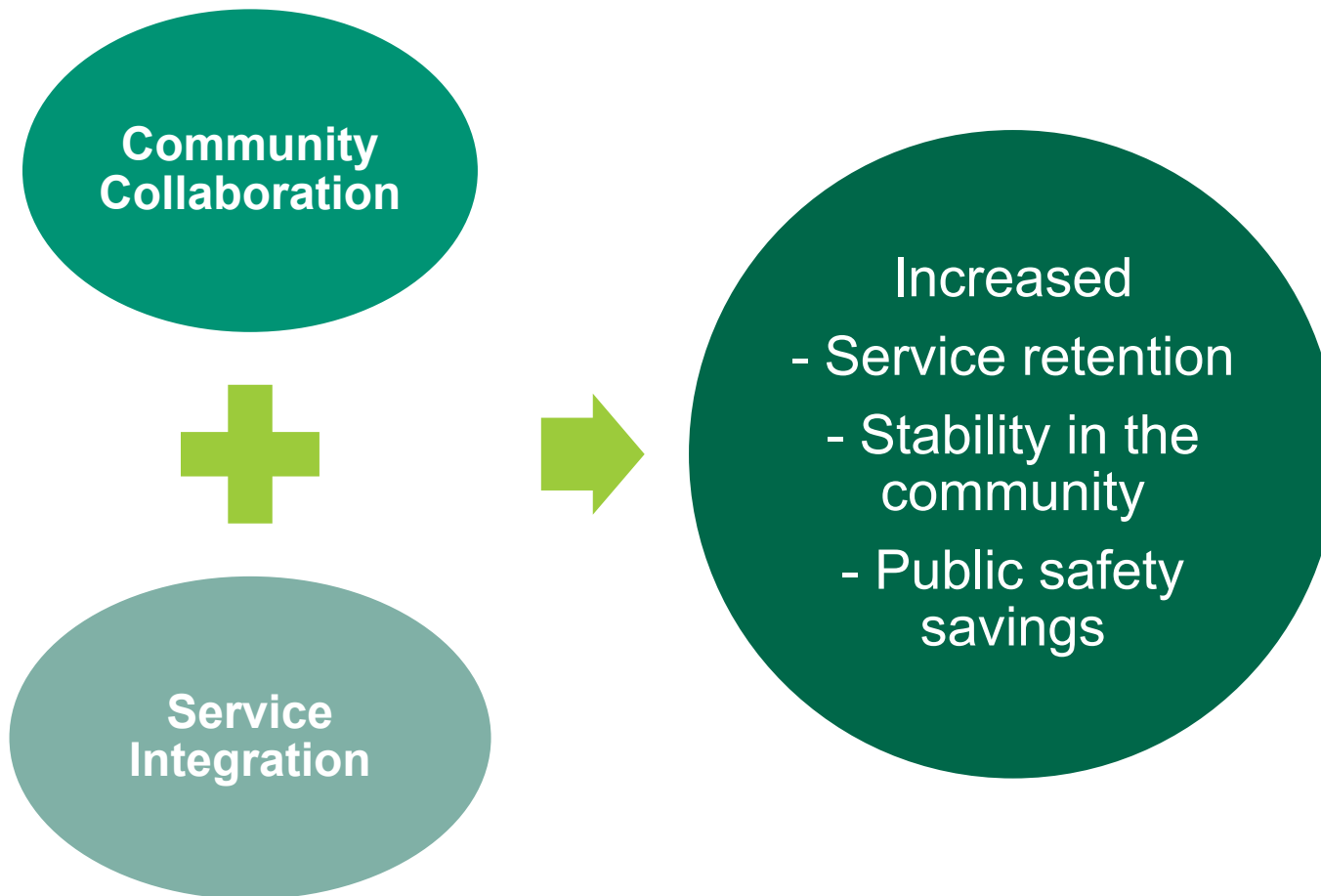
TASK FORCE COLLABORATION



Common Challenges to Collaboration

- Understanding funding “silos”
- Limited history of true collaboration or community problem-solving
- Limited resources create a competitive and/or protective environment
- System “cultures”
- Local relationship building
- Target populations – common definition

Benefits of Effective Collaboration





Keys to Success

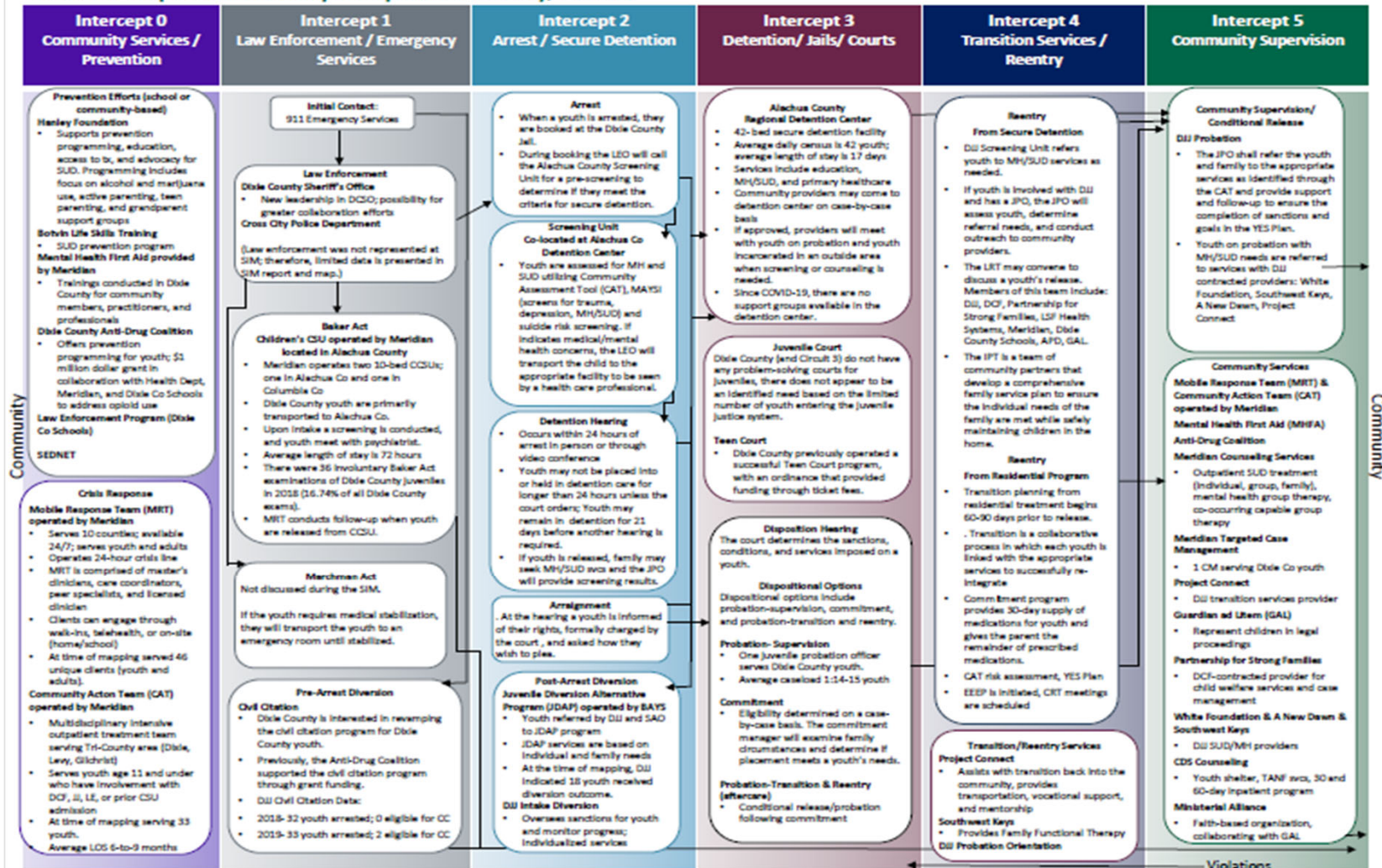
- Task force (shared leadership)
 - Subcommittees
- Consumer & family involvement
- Communication & information sharing
- Formalized boundary spanners
- Champions: top down / bottom up
- Create momentum or “traction”
- Data informs decisions

Additional Strategies

- Shared vision, mission, and direction
- Use evidence-based and promising practice models
- Utilize creative funding strategies:
 - Blended or braided funding; Medicaid
 - Using existing and new resources (grants)
 - Leveraging funding to its greatest extent
- Collect and use data, agree on data sharing or shared metrics
- Discuss Outcomes

Example of Completed Map

Juvenile Sequential Intercept Map: Dixie County, Florida

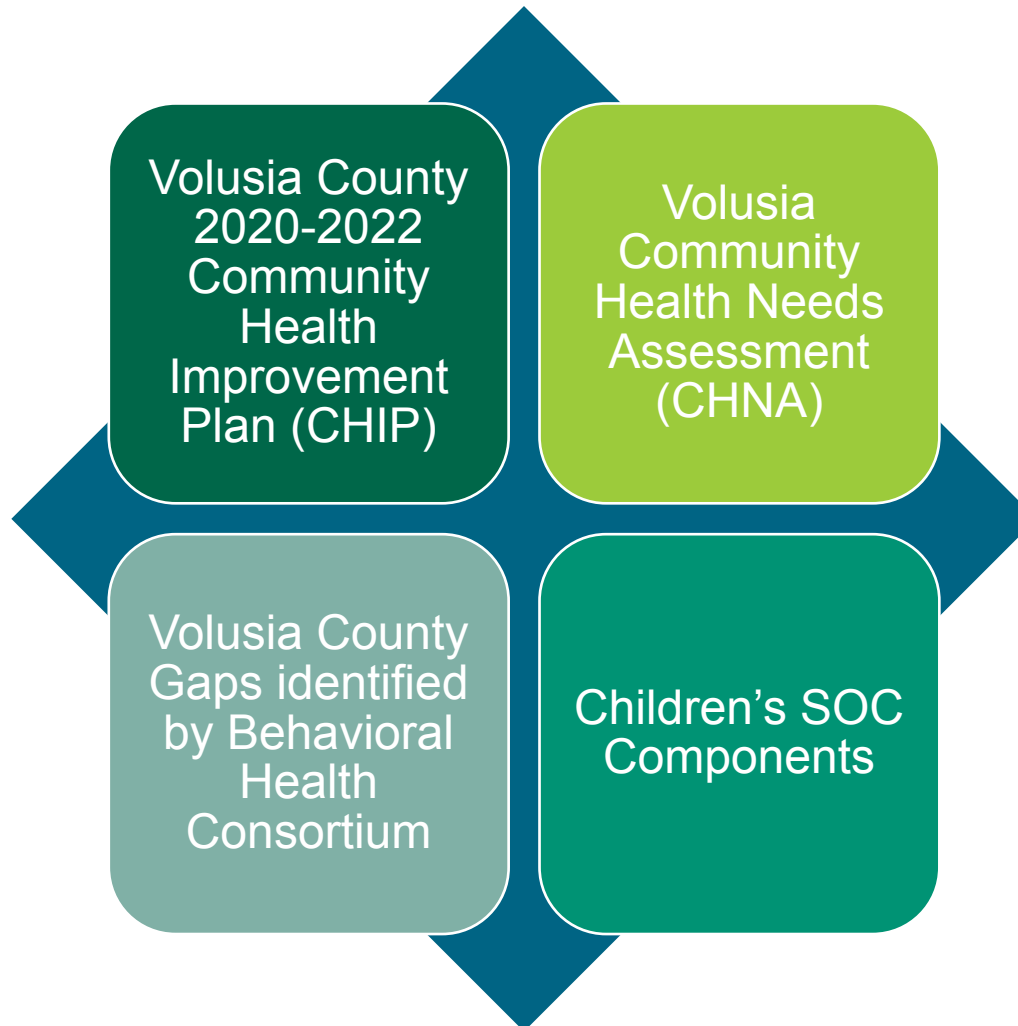


Action Planning: Prioritized

Priority Area:

Objective	Action Step	Who	When

Existing Volusia County Planning Initiatives





UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences

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

Next Steps

- Mapping 9/22 and action planning 9/23
 - Report and map drafted within 30 days
- Present to your planning council or coordinating council
 - County set aside \$1.5 million for behavioral health
 - DCF CJMHSA Reinvestment Grant Program
- Access to USF's CJMHSA TAC website and national resources (www.floridatac.org)
- Implementation, data, outcomes

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Questions?

