

Broward County, Florida: Improving Services for Juveniles with Mental Illnesses and/or Co-occurring Substance Use Disorders Involved with the Juvenile Justice System

Sequential Intercept Mapping

Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping workshop held in Broward County, March 3-4, 2016. The workshop was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- ❖ A brief review of the origins and background for the workshop
- ❖ Information gathered at the workshop based on the Sequential Intercept Model or Cross-Systems Mapping
- ❖ An action planning matrix as developed by the group
- ❖ Summary, consensus, and observations by the CJMHS Technical Assistance Center to assist Broward County achieve its goals
- ❖ A cross-systems intercept map based on the perceptions of the Broward County mapping participants.

Background

The Broward Behavioral Health Coalition (BBHC - Managing Entity) requested that the CJMHS Technical Assistance Center at the USF Florida Mental Health Institute (Tampa) facilitate the Cross-Systems Sequential Intercept Model Mapping in Broward County, Florida to provide assistance with:

- ❖ Creating a map of the points of interception among all relevant systems
- ❖ Identification of resources, gaps, and barriers in the existing systems to support recovery
- ❖ Development of an initial strategic action plan to promote progress in addressing the juvenile justice diversion and treatment needs of the target population, namely juveniles with mental illnesses and/or substance use disorders involved in the juvenile justice system.

The participants in the workshop included 30 individuals representing multiple stakeholder systems, including leadership from the judiciary, mental health, substance abuse treatment,

human services, detention, law enforcement, child advocates, county government, and the courts. A complete list of participants is available at the end of this document. Mark Engelhardt, M.S., MSW, ACSW, Kathy Moore, Ph.D., and Jessica Mitchell, Ph.D. from USF-FMHI facilitated the workshop session.

Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how juveniles with mental illness, substance abuse and co-occurring mental health and/or substance use disorders flow through the Broward County juvenile justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and juvenile Probation/Community Support (Intercept 5).
2. The identification of, strengths, gaps, resources, and opportunities at each intercept point for juveniles in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for juveniles in the target population.

The Broward County Cross-Systems Map created during the workshop is on the last page of this document.

Resources and Opportunities

There are several features of the Broward County Systems Map that are particularly noteworthy. These include, but are not limited to the items listed below.

Existing Cross-Systems Partnerships include:

- ❖ Established Diversion Programs
 - Juvenile Drug Court
 - Girls Court – affiliated with PACE Center for Girls program model

Broward County Strengths Identified:

- ❖ Long history of working together in various planning committees and task forces
- ❖ Strong collaboration between the school system, Broward County Sheriff's Office, and other community partners
- ❖ Emphasis on prevention for at-risk youth
- ❖ A history of commitment to Crisis Intervention Team (CIT) training
- ❖ Strong Civil Citation System
- ❖ Use of evidence-based practices in the Juvenile Assessment Center (JAC)

Broward County Cross-Systems Map Narrative

The following information reflects the information, often verbatim, gleaned during the *Cross-Systems Mapping Exercise*. These participant notes include a description of

potential interventions at each intercept point in the Juvenile Justice and Behavioral Health System as perceived by the participants during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Broward County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

Intercept I: Initial Contact w/ Law Enforcement, Prevention Programs, or Emergency Services

➤ Identified Strengths and Resources

- Children's Services Council funds prevention programs that provide behavioral health care services
- Focus on general juvenile prevention
- Strong Civil Citation System
- In-home services available
- The Broward County school system is represented at key points of the JJ system where decisions are being made about youth
- 911 Dispatchers (BSO, Coral Springs, and Plantation) and School Resource Officers (SROs) are trained about the availability of CIT officers
- Juvenile-specific section topics are included in the 40-hour CIT training
- Broward Youth Coalition, through the United Way, focuses on at-risk youth and aims to prevent substance use
- Youth who receive a civil citation are referred to behavioral health programs in the county, when appropriate
- Juvenile Addiction Receiving Facility (JARF) located at Ft. Lauderdale Hospital has 7 beds that are accessible to youth
- Children's Crisis Stabilization Unit (CCSU) located at Ft. Lauderdale Hospital has 6 public beds available (University Pavilion and Memorial are available private facilities), although not designed as diversion
- School system screens for mental health services for students and families
 - The Promise Program diverts students, given full assessment and provided services, and transitioned back to school
 - Behavior Intervention Committee assesses students to give appropriate services or take appropriate actions for that particular student

➤ Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)

- Limited engagement with most serious at-risk juveniles
- Limited access to appropriate diversion services
- No indication on arrest form (probable cause affidavit) to show substance abuse and/or mental health (SAMH)

- No specific CIT data being collected on diversion and the impact on the reduction of arrests
- Marchman Act training needed
- Need to improve coordination between JAC and court system
- Lack of transportation to services
- Need to address the disproportionate number of African-American and Hispanic youth in the JJ system
- Need to ensure school system is represented at more points of the JJ system
- Need for better transition plan for youth that are Baker Acted and returning to school/community
- Need for diversion programs that are specific to SAMH (Substance Abuse and Mental Health)

Intercept II: Initial Detention / Initial Detention and Court Appearance

➤ Identified Strengths and Resources

- Juvenile Assessment Center (JAC), run by the Broward Sheriff's Office (BSO), uses a number of evidence-based practices (EBPs)
 - Medical and Suicide Risk Assessment
 - If admitted, PACT Screening (Positive Achievement Change Tool) for SAMH, MAYSI (Massachusetts Youth Screening Instrument), and psycho/social (BSO has their own clinicians)
 - Misdemeanors released within hours
 - Felonies detained and sent to Detention Center
 - Trauma-informed interventions
 - Peer specialists utilized
 - If youth are suicidal or exhibit serious mental illness they can be transferred to CCSU
- All youth diverted or detained are court ordered to 12 hours of therapy
- Initial court appearance – makes decision whether or not they will go home or go to 21-day detention – parents are given opportunity to weigh-in on the decision
- Referrals made between initial court appearance and arraignment
- If in a 21-day facility, DJJ can provide assessment, psychiatric meds, and medical treatment

➤ Identified Gaps – Initial Detention and Court Appearance (Intercept 2)

- Need for Detention Center to network with local service providers
- Need for full-service SAMH services at the JAC
- Not enough services provided in Detention Center
- Funding barriers to provide services in Detention Center

Intercept III: Jails / Courts

➤ Identified Strengths and Resources

- Juvenile Drug Court has about 100 active participants and is provided substance abuse treatment via Banyan and connection with other providers
- PACE Center for Girls reaches about 80-100 girls with a variety of charges through the court and provides assessments and services via several local treatment providers. Although it does not target SAMH youth, a majority of the girls do have SAMH problems.
- Two hundred (200) juveniles are in a pilot program that uses a team approach to improve the court process and provide links to services

➤ Identified Gaps – Jails/Courts (Intercept 3)

- Juvenile Drug Court is being underutilized
- Evaluations are not being shared with the court
- There are a number of missing service linkage opportunities for juveniles who are deemed incompetent to proceed
- Need for system navigators/boundary spanners – links to services for juveniles in court that cannot be court ordered
- Peer specialist in courts would be beneficial
- Time from arrest to disposition is 174 days to process, which is the second longest in the state
- Consensus that the quality of care must be improved in the DJJ Detention Center

Intercept IV: Re-Entry

➤ Identified Strengths and Resources

- Residential facility (90 days) SAMH – must have substance abuse diagnosis (15 beds for boys only) Atlantic Shores – level 1
- Girls residential program was closed at Atlantic Shores due to lack of utilization
- Juvenile Addiction Receiving Facility (JARF) for boys and girls with a 30 day stay – girls with substance use can be extended and sent to Covenant House
- Covenant House – Level 2 for boys and girls (30 days)

➤ Identified Gaps – Re-entry (Intercept 4)

- Need for transition planning for youth leaving the Detention Center
- Detention Center is under staffed and recently lost psychiatrist, with youth not receiving mental health care
- Lack of services in the Detention Center
- Services needed for high level residential care

Intercept V: Home and Community Supervision and Support

➤ Identified Strengths and Resources

- Redirection Program available for youth with violation of probation (VOPs), which provides Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Cognitive Behavioral Therapy (CBT)
- Life skills training is provided for youth under supervision
- Only 7 day wait for psychiatric evaluation and medications at Smith Community Mental Health

➤ Identified Gaps – Juvenile Probation / Community Support (Intercept 5)

- Over 2 month wait time to see psychiatrist for evaluation and medications at some providers
- Lack of transportation
- Need to increase the focus on home and family

The Broward County Action Plan

Subsequent to the completion of the Systems Mapping exercise, the stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Five initial priority areas were identified, including opportunities for improving leadership among already existing boards and more strategic interventions to stimulate longer-term systems changes, such as the use of peer specialists or boundary spanners to aid in navigating the system to reach services. Additional areas of interest were to provide a “full service” Juvenile Assessment Center, improve the quality of care at the DJJ Detention Center, and examine the levels of residential treatment available for youth with substance abuse and mental health issues in the juvenile justice system.

Specifically, the priority areas identified are as follows, in order of importance:

- 1) Leadership – Coordinate with BBHC/OCP2 (One Community Partnership²) by examining the composition of the OCP2 Leadership Council and present the SIM report
- 2) Juvenile Assessment Center (JAC) – Provide a full service JAC and establish targeted diversion programs (SAMH)
- 3) Detention Center Services – Improve the quality of care at the DJJ Detention Center by re-establishing an effective advisory board and through the Juvenile Detention Alternative Initiative (JDAI)
- 4) Peers/Navigators/Boundary Spanners – Build capacity and expand certification by training, hiring certified peer specialists, and sustaining peer specialists
- 5) “Levels of Care” – Examine levels of care appropriate for the target population (juveniles who are high utilizers and known to the juvenile justice system) by establishing a committee to examine best practice models and identifying funding sources.

The detailed Action Plan for these priority areas are outlined on the following pages.

**Priority Area : Leadership
[All Intercepts]**

Objective	Action Step	Who	When
Coordinate with BBHC/OCP2 One Community Partnership	Examine composition of the OCP2 Leadership Council Present SIM Report	Emery Cowan, BBHC/Director of Clinical Services	Begin - May 2016

**Priority Area: Juvenile Assessment Center (JAC) Full Service
[Intercept 1 & 2]**

Objective	Action Step	Who	When
Provide full service at JAC Establish Targeted Diversion Programs (Substance Abuse Mental Health - SAMH)	Design the program	Cassandra Evans, DJJ Dept. of Probation Chief and Leann Hessler, BSO/JAC Program Manager	May 2016
	Design the program(s), array of services	Sarah Cummings, BSO/JAC	May 2016

**Priority Area: Detention Center Services
[Intercept 2]**

Objective	Action Step	Who	When
Improve the Quality of Care at the DJJ Detention Center (Transition Planning) (In-Reach)	Reestablish an effective advisory board Juvenile Detention Alternative Initiative (JDAI)	Kimm Campbell, Broward County Human Services and Frank Gargett, DJJ	May 2016

**Priority Area: Peers/Navigators/Boundary Spanners
[Intercept 1-5 Targeted]**

Objective	Action Step	Who	When
Build capacity Expand certification	Training Hire certified peer specialists Sustain peer specialists	Norma Wagner, BBHC and Committee Justine Castaneda, SFWN	May 2016

**Priority Area : Residential
[Intercept 2 & 4] “Levels of Care”**

Objective	Action Step	Who	When
<p>Examine levels of care appropriate for target population</p> <p>(Juveniles who are high utilizers and known to the juvenile justice system)</p>	<p>Establish a committee to examine best practice models</p> <p>Identify funding sources</p>	<p>Silvia Quintana, BBHC, Kimm Campbell, Broward County Human Services, Kim Gorsuch, DCF, Valerie Allen, DCF, Cassandra Evans, DJJ</p>	<p>April 2016</p>

Conclusions: Summary

The Cross-Systems Mapping workshop resulted in the acknowledgment of a challenging list of service gaps and opportunities for systems and program improvements. Broward County has a long history of collaborative relationships, yet has an opportunity to re-establish and improve the leadership in the existing groups that focus on juveniles with substance abuse and mental health issues.

- ❖ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (see attached list)
- ❖ Second, participants were enthusiastic, candid and passionate in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of juveniles with mental illnesses/substance abuse disorders in or at risk for entering the juvenile justice system.
- ❖ Third, it is evident that Broward County is committed to providing prevention and intervention programs for youth. However, during the mapping process, it was discovered that few of these programs specifically focus on the target population of juveniles with substance abuse and/or mental health problems. As a result, a main objective established was to create targeted diversion programs for the target population in the Juvenile Assessment Center.

As Broward County moves forward with its strategic planning process, there are several issues that may be of particular importance.

- ❖ It is critical that the planning process not lose the momentum created to date. Planning meetings involving all relevant stakeholders should be conducted on a regular basis and assigned priority by stakeholders. This effort needs to be focused on the target population and the action plan needs to be refined with concrete assignments and timetables. In addition, there are a number of resources available to Broward County to accomplish some of the tasks identified during the workshop as next steps.
- ❖ Leadership – It will be incumbent upon the BBHC/OCP2 to provide the leadership needed to keep “decision makers” at the table and to re-activate the various youth-focused boards.

In closing, USF-FMHI would like to thank Broward Behavioral Health Coalition (BBHC) and its partners for requesting the USF CJMHSA Technical Assistance Center to facilitate this workshop. In particular, we would like to thank Norma Wagner of Broward Behavioral Health Coalition for her organizing efforts, Kids in Distress for the meeting location, and the leadership of those who participated in this event, in particular BBHC’s Board Chair, Commissioner Lois Wexler. We look forward to our continuing collaboration with BBHC.

Please contact mengelhardt@usf.edu for any clarification or questions regarding this report.

Respectfully submitted. 3/22/16

Resources

Website Resources and Partners	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	www.floridatac.org
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	http://mhlp.fmhi.usf.edu
Florida Partners in Crisis (Archives)	http://www.flpic.org
Justice Center	www.justicecenter.csg.org
Policy Research Associates	www.prainc.com
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov

Other Web Resources	
Center for Mental Health Services	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for Substance Abuse Treatment	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat
Council of State Governments Consensus Project	www.consensusproject.org
National Alliance on Mental Illness	www.nami.org
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

List of Workshop Participants (30 signed in, 3 facilitators)

Name	Title	Organization	Type of Organization
Leann Betz	Program Manager	Broward Sheriff's Office/JAC	Law Enforcement
Justine Castaneda	Youth Coordinator	South Florida Wellness Network	Provider
Norma Wagner	Director of Operations/System of Care	BBHC	Managing Entity
Laurel Thompson	Director, Student Services	Broward School System	School System
Valerie Allen	SAMH Regional Director	DCF/SAMH	State Agency
Lois Wexler	Commissioner and BBHC Chair	Broward County Commission/BBHC	County Government
Linda Raybin	Children's Services Administrator	Broward County	County Government
Debbie Toro	Transitional CM Supervisor	Henderson Behavioral Health	SAMH Provider
Kim Gorsuch	Administrator	DCF	State Agency
Vivian Demille	Supervisor	Chrysalis Health	SAMH Provider
Paula Saenz	Juvenile Services Coordinator	Court Administration	Court System
Sarah Cummings	Treatment Manager	BSO/JAC/JAT	Law Enforcement
Michele Prues	Court Liaison	FLH/ASH – Hospitals (CSU/JARF)	Psychiatric Hospital
Cassandra Evans	Chief Probation Officer	FL. Dept. of DJJ	State Agency
Donna Lavalley	Director	Smith CMHC	SAMH Provider
Ivory Nelson	Civil Citation/School Resource Officer	FT. Lauderdale - PD	Law Enforcement
Catherine Baez	Community Systems Administrator	Children's Services Council	County Agency
Emery Cowan	OCP2 Project Director	BBHC/OCP2	Managing Entity
Scott Russell	Captain (CIT/Homeless Outreach)	Broward Sheriff's Office	Law Enforcement
Silvia Quintana	CEO	BBHC	Managing Entity
Susan Barbini	Parent Advocate	HBH - Henderson	Advocacy
Gordon Weekes	Attorney	Public Defenders Office	Public Defender
Monica King	Executive Director	ChildNet	CBC
Shari Thomas	Director of Youth Services	Henderson Behavioral Health	SAMH Provider
Kimm Campbell	Director of Human Services	Broward County	County Government
Manoushka Saintil	DJJ Transitions Specialist	Broward County Schools	School System
Stacy Ross	Juvenile Court Judge	County Court	Courts – Judiciary
Chelsea Campbell	Peer Evaluator	BBHC/OCP2	Managing Entity

Gloria Moschella	State Attorney's Office	State Attorney's Office	State Attorney
David Watkins	Director-Equity & Academic Attainment	Broward County Schools	School System
Dr. Jessica Mitchell	CJMHS TA Center Coordinator	University of South Florida/FMHI	Research University
Dr. Kathleen Moore	Research Associate Professor	University of South Florida/FMHI	Research University
Mark Engelhardt	CJMHS TA Center Director	University of South Florida/FMHI	Research University

Intercept 1:
Initial Contact w/ Law Enforcement or Prevention/Intervention Programs

Intercept 2:
Detention and Initial Appearance

Intercept 3:
Courts

Intercept 4:
Re-Entry

Intercept 5:
Home & Community Supervision

Promise Program diverts at-risk students, provides services, and transitions back to school

Initial Screening
- Medical and Suicide Risk Assessment
- PACT and MAYSI
- Psycho/Social by Broward County Sheriff Office clinician

All youth detained or diverted court ordered to 12 hours of therapy

- 100 Active
- Banyan provides SA treatment

- 21 Days
- Assessments by Henderson Behavioral Health (Provider will change - TBD)

- About 950 youth on probation
- JPO caseload is 65
- Provided life skills training and referrals to SA treatment
- No specialized JPO for SAMH

Multiple levels ranging from 30 to 90 days

Redirection Program – provides MST, FFT, and CBT for youth who violate probation – not SAMH specific

Community

Community

