



# Juvenile Sequential Intercept Mapping Duval County, Florida

December 4 - 5, 2018

Facilitated by:

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

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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
CJMHPA	Criminal Justice, Mental Health, and Substance Abuse
CJMHPA 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 is 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) who are 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 provided 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, juvenile justice 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 31.

### 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
- 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, who are in recovery from substance use.
- It serves up to 40 students at a time and an average of 50 students a year.
- The average length of stay is 190 days.
- Referrals are received from law enforcement, schools, providers, family, self-referral, Teen Court, Drug Court, and the Juvenile Diversion Alternative Program (JDAP).
- The Center 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*

- Project SOS is an 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.
  - The 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 release, but additional transition services are not provided (Intercept 4).
- Operates Statewide Inpatient Psychiatric Program for Children (SIPP) (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 to receive services.
  - 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)*

- PACE is a 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 aged 6-to-17 years.
- 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.
- The average time from referral to assessment and start of services is 17 days.
- The 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 Duval County law enforcement agencies, 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.
  - The 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 referral 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 Assessment Support Team (FAST), an in-home voluntary program, provides supports and services within the family home to prevent youth from entering the foster care system.
- FAST provides intensive supervision and services to Duval's high and very-high risk youth. The program also serves Nassau County.
- It provides wraparound services, 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 counseling 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 pick up their child from school.
- If the school proceeds with an involuntary Baker Act examination, the SSO transports 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*

- The MCT serves youth in crisis at home and in schools, operates 24/7, and receives the majority of referrals from schools.
- The MCT has 7-8 program staff.

*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.
- CCSU provides referrals to the CAT.

*Children's Home Society*

- Operates a 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).

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.
- Presence of CAT and MCT
- Large number of full service schools
- DCPS Crisis Line for school employees

Opportunities for Improvement

- Coordination of services for youth during the 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

## 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 experiencing 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 youth, the law enforcement officer must determine if the youth 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 youth 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 youth 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 juveniles 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)*

- This CCSU is the 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.
- The average length of stay is three-to-five days.
- River Point provides counseling and discharge planning.
- A psychiatrist is on staff.

Strengths

- There are two in-county CCSUs.
- The MHRC CCSU rarely reaches capacity.
- There are pre-arrest diversion options (Teen Court and Civil Citation).

Opportunities for Improvement

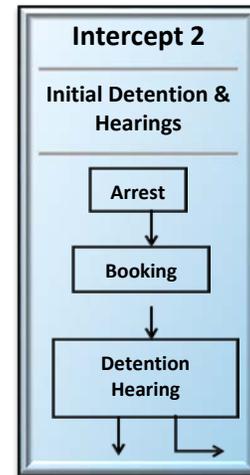
- Juvenile Addictions Receiving Facility (see Intercept 2 Opportunities for Improvement).
- Raise public awareness and educate communities regarding access to community-based behavioral health services rather than law enforcement being the initial contact.
- Discourage law enforcement as the initial 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.

## 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 processing 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 (intoxication 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 administer the Global Appraisal of Individual Needs (GAIN-I).
  - If the juvenile is in need of services, JFCS care coordinators 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

- The arraignment 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.
- A juvenile 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 judge may judicially waive a juvenile into the adult criminal justice system also.
- 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 high-risk youth aged 17.
- 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.
- JDAP has the 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)*

- Diversion program for juveniles who commit misdemeanor offenses/
- Serves youth ages 8-to-17 who are:
  - Eligible for a juvenile civil citation (Intercept 1)

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.
- Pre-arrest and post-arrest diversion options (JDAP, Youthful Offender Program, Teen Court) are available.

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

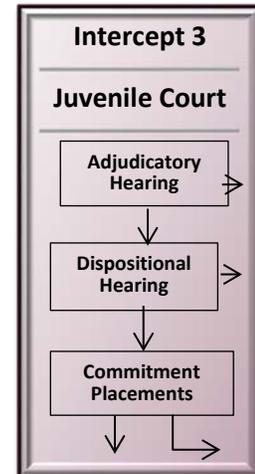
## Intercept 3—Jails & Courts

### 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 juvenile 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 assessment.
- 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 prepare 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 female youth with felony and misdemeanor charges, as well as females on probation who are in need of a more intensive program. Females involved in the Girls Court have a mental health or substance use problem.

- At the time of the mapping (December 2018), there were nine females in the court program.
  - Duval County would like to increase this number because there is capacity to serve 15-to-20 female juveniles.
- 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 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 may 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).
- A 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. Juveniles awaiting placement in a residential commitment program are waiting in secure detention.
- A 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.
  - Twin Oaks has a contract with DJJ to serve the North Florida Region (Circuits 1, 2, 3, 4, 5,

- 7, 8, and 14).
  - This is a residential commitment program serving moderate-risk juvenile offenders with developmental disabilities.
  - It offers vocational, mentoring, and educational programming.
  - Twin Oaks operates a Community Action Team (CAT).
  - It provides wraparound services, care coordination, housing, food, clothing, and transportation,
- Aftercare Services (Intercept 5)
  - DJJ contracts with Twin Oaks 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)
  - Kids Hope Alliance/City of Jacksonville contracts with Twin Oaks
  - 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*

- This program 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
- AMI operates a day treatment program for juveniles placed on probation or conditional release.
- AMI operates a minimum risk DJJ residential commitment program for males.
- The 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.

#### Strengths

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

#### Opportunities for Improvement

- Develop a residential program for females 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 are 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.

## Intercept 4—Reentry

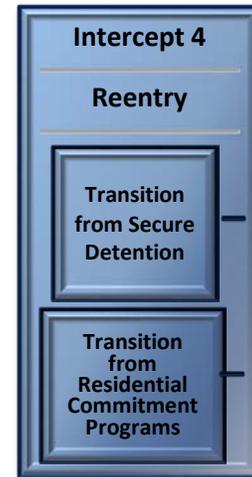
### Reentry/Discharge Planning

#### *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 measureable 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 juveniles 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.
- Project Connect receives 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.
- The program has 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*

- Provides 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)

Strengths

- Reentry services for juveniles transiting 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

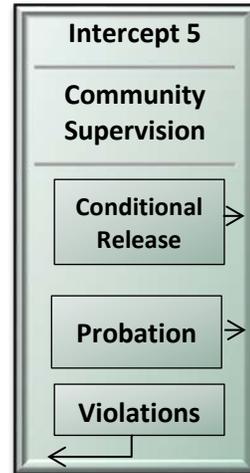
Opportunities for Improvement

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

## Intercept 5—Community Supervision

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

- Aftercare Services for juveniles on probation
  - DJJ contracts with Twin Oaks 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), the program was serving 84 youth.
  - Kids Hope Alliance/City of Jacksonville contracts with Twin Oaks for services.
    - Capacity is 34 youth
    - At the time of the mapping (December 2018), the program was serving 12 youth.
  - Serves males aged 16-to-18, high-to-maximum risk
  - 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 conditional release or post-commitment probation status.
- Services include in-home and family therapy for mental health, substance use, and co-occurring disorders.
- The average time from referral to assessment and start of services is 17 days.
- The 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.
- 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 aged 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 counseling 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

Strengths

- Duval County has a variety of community services including educational and vocational

programs.

- Case management and care coordination services are available for youth.

#### Opportunities for Improvement

- Peer specialists/parent partners

## 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. Central Receiving Facility (CRF)
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 (one priority described on each page)

## Priority Area 1: Central Receiving Facility

Objective		Action Step	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"> <li>To identify primary provider</li> <li>To research available funding opportunities</li> <li>To visit the Hillsborough County CRF operated by GracePoint and ACTS</li> <li>To revisit Duval County's prior CRF application</li> </ul>	<ul style="list-style-type: none"> <li>Steve Bauer (Gateway)</li> <li>Dan Renaud (Florida Recovery Schools)</li> </ul>	2019-20
1.2	Examine best practices related to Juvenile Assessment Centers	<ul style="list-style-type: none"> <li>To explore options for privatizing the JAC</li> </ul>	<ul style="list-style-type: none"> <li>Steve Bauer</li> <li>FL Department of Juvenile Justice</li> <li>Circuit 4 Advisory Board</li> </ul>	2019-20

## Priority Area 2: Community Awareness and Education

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

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

Objective		Action Step	Who	When
3.1	Explore the feasibility of developing Parent Partners and Peer Support Specialists/ Survivor Mentors in Duval County	<ul style="list-style-type: none"> <li>To examine best practices related to Parent Partners and Peer Support Specialists</li> </ul>	<ul style="list-style-type: none"> <li>Criminal Justice Reinvestment Grant Taskforce</li> </ul>	2019
3.2	Explore the feasibility for high fidelity Wraparound services	<ul style="list-style-type: none"> <li>To identify funding streams</li> <li>To research the best practices for Wraparound services</li> </ul>	<ul style="list-style-type: none"> <li>System of Care</li> <li>Daniel Kids</li> </ul>	2019
3.3	Expand DJJ residential placement options in order to reduce a youth's wait time in secure detention	<ul style="list-style-type: none"> <li>To establish an in-county residential program for female youth</li> <li>To develop a day treatment sex offender program</li> </ul>	<ul style="list-style-type: none"> <li>FL Department of Juvenile Justice</li> </ul>	2019
3.4	Expand community-based services	<ul style="list-style-type: none"> <li>To identify options to expand psychiatric services in Duval County</li> <li>To develop intensive outpatient program/services</li> <li>To develop community-based sex offender counseling services</li> </ul>	<ul style="list-style-type: none"> <li>Youth Crisis Center</li> <li>System of Care</li> <li>Behavioral Health Consortium</li> <li>FADAA</li> </ul>	2019-20
3.5	Conduct a cross-systems training (hands-on) on trauma, substance use, mental health, sexual assault, and cultural sensitivity	<ul style="list-style-type: none"> <li>To identify best practices related to trauma-informed care/services</li> <li>To implement trauma-informed culture in the juvenile justice system (leadership and direct service providers)</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral Health Integration/ Family Support Services</li> <li>LSF Health Systems</li> <li>Behavioral Health Consortium (Trauma Committee)</li> </ul>	2019-20
3.6	Explore a feasibility of establishing a Juvenile Mental Health Court	<ul style="list-style-type: none"> <li>To identify funding opportunities</li> <li>To research Juvenile Mental Health Court models</li> </ul>	<ul style="list-style-type: none"> <li>Circuit 4 Court Administration</li> </ul>	2019-20

## Priority Area 4: Care Coordination and Crisis Response

Objective		Action Step	Who	When
4.1	Expand Mobile Crisis Team	<ul style="list-style-type: none"> <li>To estimate the impact of additional funding in conjunction with serving a greater number of individuals</li> <li>To identify strategies to reduce response time</li> </ul>	<ul style="list-style-type: none"> <li>Child Guidance Center</li> </ul>	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"> <li>To develop and implement training for dispatchers to direct crisis calls that do not involve law violations</li> <li>To research best practices in other agencies for 911/crisis response (co-responder model)</li> </ul>	<ul style="list-style-type: none"> <li>Jacksonville Sheriff's Office</li> <li>Child Guidance Center</li> </ul>	2019
4.3	Coordinate and integrate assessment and treatment plans as a youth moves through the system	<ul style="list-style-type: none"> <li>To identify effective care coordination strategies (across the spectrum of services in the juvenile justice system; no wrong door)</li> <li>To develop a position for a SOAR (SSI/SSDI) coordinator to assist youth and families obtaining benefits</li> </ul>	<ul style="list-style-type: none"> <li>Jewish Family and Community Services</li> </ul>	2019
4.4	Expand pre-arrest and post-arrest front-end diversion options	<ul style="list-style-type: none"> <li>To demonstrate the efficacy of front-end diversion options</li> </ul>	<ul style="list-style-type: none"> <li>State Attorney's Office</li> </ul>	2019

## Priority Area 5: Juvenile Processing Post-Arrest

Objective		Action Step	Who	When
5.1	Explore the feasibility of transferring the juvenile intake and booking process from the adult jail to the Juvenile Assessment Center (JAC)	<ul style="list-style-type: none"><li>• To design an array of services for the JAC to offer</li><li>• To develop an MOU with providers for JAC treatment services</li></ul>	<ul style="list-style-type: none"><li>• FL Department of Juvenile Justice</li><li>• Jacksonville Sheriff's Office</li><li>• Terry Glover (Northwest Behavioral Circuit Advisory Board)</li></ul>	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 CJMHS A 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:

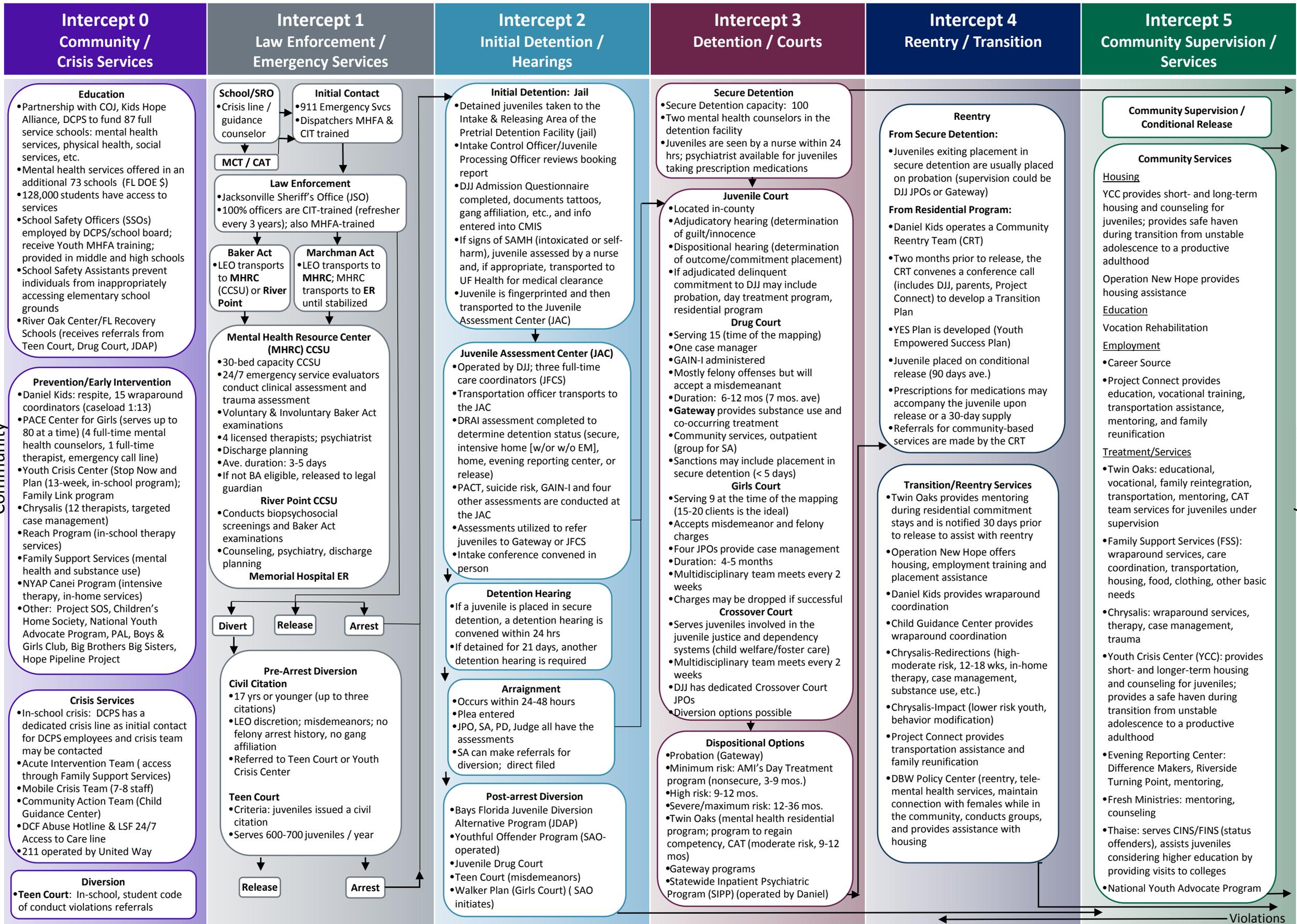
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Katelind Halldorsson, CJMHS A TAC Researcher at [katelind@usf.edu](mailto:katelind@usf.edu)

Please visit the USF CJMHS A Technical Assistance website at [www.floridatac.org](http://www.floridatac.org)

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# Sequential Intercept Mapping: Duval County Juvenile Justice System



## 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)	<a href="http://www.floridatac.org/">http://www.floridatac.org/</a>
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLP)	<a href="http://www.usf.edu/cbcs/mhlp/">http://www.usf.edu/cbcs/mhlp/</a>
Florida Department of Children and Families (DCF)- Mental Health and Substance Use Policy Research Associates (PRA)	<a href="http://www.myflfamilies.com/service-programs/mental-health">http://www.myflfamilies.com/service-programs/mental-health</a>
SAMHTA's GAINS Center for Behavioral Health and Justice Transformation	<a href="https://www.prainc.com/">https://www.prainc.com/</a> <a href="https://www.samhsa.gov/gains-center">https://www.samhsa.gov/gains-center</a>

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

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

### Other Web Resources

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

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