Palm Beach County, Florida

Juvenile Sequential Intercept Mapping Report

January 26-27, 2023

Authors:
Abby Shockley, MPH, CPH
Katelind Melendez, M.A., M.S.
Beth Holland, MBA
Eryka Marshall, M.A., LMHC

The Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center
Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida

Sponsored by Contract #LH816

UNIVERSITY of SOUTH FLORIDA
College of Behavioral & Community Sciences
Criminal Justice, Mental Health, and
Substance Abuse Techincal Assistance Center

PALM BEACH COUNTY JUVENILE SIM REPORT ABBREVIATIONS

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

GENERAL LIST OF ABBREVIATIONS & DEFINITIONS

BA	Baker Act
BCOR	Building Communities of Recovery
CAPE	Crisis Assessment Prevention Education
CAT	Community Action Team
CAT	Community Assessment Tool: The Community Assessment Tool Pre-Screen and Full Assessment were developed to assist juvenile probation officers and contracted case managers in determining a youth's level of risk to re-offend, identifying areas of highest criminogenic need, developing a meaningful intervention plan, and monitoring progress in reducing risk factors. The underlying philosophy is that the risk assessment enables juvenile probations officers to reduce recidivism by promoting positive changes in attitudes and behaviors of youth while directing treatment and monitoring court-ordered sanctions. The CAT provides DJJ with data necessary to make informed decisions about which youth need which interventions and to what extent.
CHAT	Community Health Action Team
CIT	Crisis Intervention Team
CJMHSA	Criminal Justice, Mental Health, and Substance Abuse
CJMHSA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CRT	Community Reentry Team
Crossover Youth	Youth involved in both the child welfare and juvenile justice systems
DATA	Drug Abuse Treatment Association
DCF	Florida Department of Children and Families
DDC	Delinquency Drug Court
DJJ	Florida Department of Juvenile Justice
DOE	Department of Education
E/BD	Emotional/behavioral disorder
EBP	Evidence-Based Practice
ENS	Emergency Notification System
FVIP	Family Violence Intervention Program
HIPAA	Health Insurance Portability and Accountability Act of 1996
IDD	Intellectual and Developmental Disabilities
IDDS	Intensive Delinquency Diversion Services
JAC	Juvenile Assessment Center
JDAP	Juvenile Alternative Diversion Program
JFO	Juvenile First Offender Program
JPO	Juvenile Probation Officer

LE	Law Enforcement
MA	Marchman Act
MH	Mental Health
MHFA	Mental Health First Aid
MST	Multi-Systemic Therapy
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NFTE	Network for Teaching Entrepreneurship
NAMI	National Alliance on Mental Illness
PBSO	Palm Beach Sheriff's Office
PDR	Predisposition Report
PPP	Positive Placement Services
PUO	Pick Up Order
RCO	Recovery Community Organizations
SA	Substance Abuse
SAO	State Attorney's Office
SAMH	Substance Abuse and Mental Health
SEDNET	Multiagency Network for Students with Emotional/Behavioral Disabilities
SEFBHN	Southeast Florida Behavioral Health Network
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SRO	School Resource Officer
SU	Substance Use
SUD	Substance Use Disorder
TASC	Treatment Accountability for Safer Communities
TATs	Threat Assessment Teams
USF	University of South Florida
WPBPD	West Palm Beach Police Department
YPS	Youth Prevention Services

Table of Contents

Introduction 1
Palm Beach County Juvenile SIM Narrative 5
Intercept 0—Community Services 5
Intercept 1—Law Enforcement & Emergency Services 10
Intercept 2—Initial Juvenile Detention Screening & Hearings 13
Intercept 3—Detention & Courts 16
Intercept 4—Reentry 17
Intercept 5—Community Supervision 18
Palm Beach County Priorities for Change 21
Palm Beach County Action Plan 22
Recommendations 26
Juvenile Sequential Intercept Map: Palm Beach County, Florida 27
Appendix A: Participant List 28
Appendix B: Palm Beach Data Snapshot 31
Appendix C: Resources 34
Appendix D: CJMHSA TAC Facilatator Bios 37

Palm Beach 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) convened virtually on January 26-27, 2022. The SIM resulted in the start of 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 Palm Beach County, Florida. The specific focus of this SIM was transition age youth between 16 and 24 years old in the Northend neighborhood of Palm Beach County (33407 zip code). The SIM is a tool that can facilitate integration of community planning related to the behavioral healthcare system and diversion efforts from juvenile justice settings.

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 Palm Beach County in achieving their goals

BACKGROUND

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSA reinvestment grant program. Upon request, the TAC also provides consultation to other communities that are exploring the intersect of behavioral health and justice systems. This SIM was conducted as technical assistance to Hanley Foundation (LH832) as a part of their juvenile reinvestment grant contract. The SIM provided Palm Beach County 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 (Figure 1) including Hanley Foundation, Palm Beach County Public Schools, Palm Beach County Sheriff’s Office, West Palm Beach Police Department, Rebel Recovery RCO, Florida Department of Juvenile Justice, Judiciary, State Attorney’s Office, Southeast Florida Behavioral Health Network, Florida Department of Children and Families, and a cadre of other Palm Beach County stakeholders. A complete list of participants is available in Appendix A at the end of this report.

Figure 1. Sectors Represented at Palm Beach County Juvenile SIM

Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for Palm Beach County's system for the target population (Figure 2). This feedback was integrated into the SIM and validated by priorities that were collectively identified through the SIM process.

Figure 2. WordCloud representing anonymous stakeholder feedback

Abby Shockley, Katelind Melendez, Beth Holland, and subject matter expert Eryka Marshall of the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC) facilitated the mapping. Biographies for facilitators are available in Appendix D on page 37.

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. The model was modified by the CJMHSA TAC to accommodate specific sectors and processes aligned with the juvenile justice and child welfare systems (Figure 3). 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.

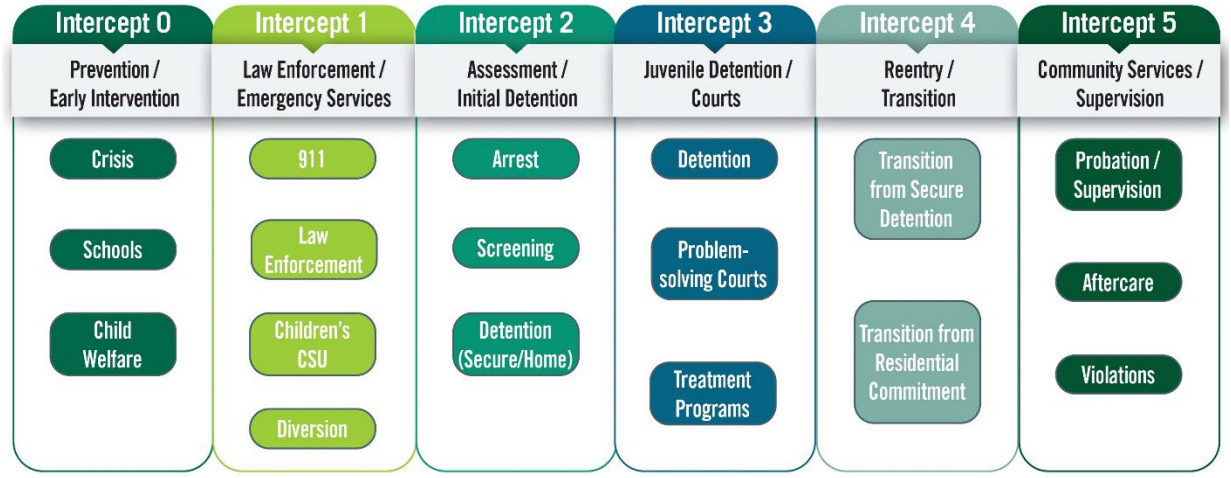


Figure 3. Juvenile Sequential Intercept Model Modification Graphic

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 Palm Beach County juvenile justice system: Community and Crisis Services, Law Enforcement and Emergency Services, Initial Detention Screenings, Detention Placement, Court Hearings, Community Supervision, Residential Treatment, Transition, Reentry, and Aftercare.
- 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 Palm Beach County Juvenile SIM map is on page 27.

KEYS TO SUCCESS

History of Cross-Systems Partnerships

Palm Beach County has a strong history of collaboration between the behavioral healthcare and juvenile justice systems. This is reflected in several existing local workgroups and collaboratives that were identified prior to and during the SIM.

Existing stakeholder meetings/partnerships include:

- Public Safety Coordinating Council
- Palm Beach Substance Awareness Coalition
- Circuit 15 Juvenile Justice Advisory Board
- Alliance Birth to 22
- Youth Homeless Demonstration Project Steering Committee
- Adolescent Collaborative Meeting
- Family Care Council for Area 9
- Children's Services Council
- Continuum of Care
- Opioid Prevention Taskforce
- Prescription Drug Taskforce
- Community Health Action Team (CHAT) Meeting
- Policy 5.20 (school mental health crisis response policy) Collaboration Meeting

Representation from Key Decision Makers

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

- Ryan Wertepny, Chief Program Officer Hanley Foundation
- Christopher Glymph, Hanley Foundation

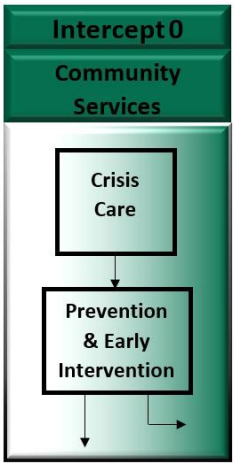
PALM BEACH COUNTY DATA SNAPSHOT

The SIM opened with a presentation on the general SIM process and history, as well as a brief review of existing Palm Beach County data that contributes to understanding the needs and risk/protective factors associated with the target population. Participants were encouraged to review publicly available and programmatic data to help identify populations to target initiatives and further inquiry. The data presented in the introductory SIM presentation is presented in Appendix B. Data was explored in more detail throughout the mapping and the importance of data-driven decision making and ongoing data review was discussed.

PALM BEACH COUNTY JUVENILE SIM 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 Palm Beach County Juvenile SIM map, especially program specifics and acronyms used on the map. This narrative focuses on the Northend of Palm Beach County (zip code 33407) and on the juvenile justice system (rather than the adult system despite the target age range of 16-24 years old) given that many represented at the SIM serves the juvenile population.

INTERCEPT 0—COMMUNITY SERVICES



Crisis Hotlines

988 operated by 211 Palm Beach and Treasure Coast

- *Referrals can be made to South County Mobile Response Team (MRT).*

Information and Referral Lines

211 Palm Beach and Treasure Coast

- Southeast Florida Behavioral Health Network (SEFBHN) (managing entity) provides funds to support 211.
- 211 refers to South County MRT, when appropriate.

Table 1.
*Summary of 211 Palm Beach County Calls**

Month	Crisis Contacts Received	Crisis Contacts Answered
March 2022	51	*51*
April 2022	38	*34*
May 2022	137	*135*
June 2022	81	*79*
July 2022	44	*43*
August 2022	48	*47*
Total	**399**	**389**

*Data comprises calls only in 33407 area code (adults and juveniles).

Education

Palm Beach County Schools

- Co-located behavioral health services are available at 15 school sites.
- There is a mental health curriculum for grades 6-12.
    - Students in 10th grade are participating in Teen Mental Health First Aid (MHFA) pilot program.
- All district employees receive Youth MHFA training.
    - School police also receive MHFA training, de-escalation training, and disability-related training.
- School-based mental health professionals receive de-escalation training, trauma-informed care training, and NOVA suicide prevention toolkit are provided.

For information on services or resources available for Palm Beach County students, visit the Caring First Webpage supported by the Palm Beach County School District Department of Behavioral and Mental Health.

Crisis Assessment Prevention Education (CAPE) Team

- The CAPE teams serve all Palm Beach County Schools and are located at 4 locations across the county, with a licensed mental health professional on each team.
- The CAPE Team coordinates with the MRT to provide a rapid response.

Threat Assessment Teams (TATs)

- Each school has a behavioral TAT on their campus.
    - They collaborate with CAPE and community MRT if assistance needed.

SEDNET Project

- According to the Florida Department of Education, SEDNET is a network of 19 regional projects that are comprised of the major child serving agencies, community-based service providers, students, and their families. Section 1006.04, F.S., defines the statutory requirements and purpose of SEDNET. Local school districts serve as fiscal agents for each local regional project. Within this framework, SEDNET focuses on developing interagency collaboration and sustaining partnerships among professionals and families in the education, mental health, substance abuse, child welfare, and juvenile justice systems serving children and youth with and at-risk of an emotional/behavioral disorder (E/BD). Florida's statewide network of SEDNET projects serve as a collaborative resource for school districts, agencies, and families working to promote positive educational and community-based outcomes for children with E/BD.

Prevention & Early Intervention

Mobile Response Team operated South County (Intercepts 0 & 5)

- The MRT operates 24/7 and serves all ages. They have three teams operating in Palm Beach County and one team serves the Northend.
    - The supervisor of each team is licensed. MRT responds with two staff.
- The MRT conducts the following assessments:
    - GAD-7, PHQ-9, CSSRS, DAST-10, and a brief trauma screener
- Follow-up is provided face-to-face (within 72 hours) or telephonically.
- They provide each client with a packet of resources at discharge.
- If the MRT must initiate a Baker Act, law enforcement will provide transportation to the Baker Act Receiving Facility.
    - Adults are transported to the crisis stabilization unit.
    - Youth (<18) are transported to JKF or Delray Hospital.

Table 2.
Summary of South County Mental Health Hospital Mobile Response Team Data (March-August 2022)*

	MRT
# of Call Received (count	614
# of Call Received (unique clients)	571
# Repeat Calls	43 (7.5%)
Average Response Time	25 minutes
# of Face to Face Episodes	5 calls (>1%)

*This data includes all ages (adults and youth) in Palm Beach County.

Community Action Team (CAT) operated by Chrysalis (Intercepts 0, 1, and 5)

- The CAT Team is a multidisciplinary clinical team providing comprehensive community-based treatment for youth and young adults who are at risk of out-of-home placement (may be due to child welfare involvement, multiple Baker Acts, academic performance).
- Chrysalis operates two teams:
  - Traditional CAT Team serving youth and young adults ages 11-21
  - Early childhood team
- The team is comprised of a director overseeing Palm Beach County teams, a licensed clinician (team leads are licensed or master's level), a psychiatrist, ARNP, therapeutic mentor (for older children's team).
- The CAT Team is operating on a waitlist.

Substance Abuse Awareness Coalition (Intercepts 0 & 5)

- The Coalition provides information on community resources and family training.
- Allies in Recovery is a virtual training program for SUD.
  - The Coalition has 16-20 trainers available.

Community Supports

Rebel Recovery Community Organization (RCO) (Intercepts 0 & 5)

- Rebel is an accredited Recovery Community Organization serving adults (ages 18+). The RCO maintains a whole person approach.
  - However, they do have a program in collaboration with the Boys and Girls Club targeting high school age youth with a focus on safety first drug education, with a harm reduction approach. The goal of the program is to develop trusting relationships in the community and promote informed understanding of substance use disorders.
- Services include a syringe service program with mobile health services, navigation to treatment supports, and care coordination and support for parents navigating child welfare (parent partners).
- Criminal Justice related supports include a peer navigator provides peer support at first appearance to coordinate services.
  - Rebel provides support in-jail since 2019 and reentry planning for MAPS program.

    - MAPs is a 12-week program with support groups facilitated by licensed counselors and peers. Rebel assists with recovery care planning and community-based resources.
        - Support includes care coordination, housing support, and sustainability planning.
- Rebel is an active BCOR SAMHSA grantee and is working to build their infrastructure and building relationships across the county, hire and train navigators that reside in different parts of the county, plan prosocial events, to provide info on pathways to recovery and address stigma.

Peer Place Drop-in Center operated by Mental Health America of Palm Beaches (located in 33407) (Intercepts 0 & 5)

- Peer Place is a drop-in center serving adults in Palm Beach County. Members can socialize with others in group and one-on-one support with trained peer support mentors.

Vita Nova (Intercepts 0 & 5)

- Vita Nova is a nonprofit that is working to eliminate homelessness for youth ages 18-to-25 years old in Palm Beach County.
- Vita Nova provides support for young adults to find housing, therapy services, health services, and education.
- There is a drop-in center in the 33407 area that is open Monday-Friday (8am-6pm).
- Vita Nova receives referrals from 211, foster care, and Florida Department of Juvenile Justice.

Northend RISE (Intercepts 0 & 5)

- Northend RISE is a community resource center serving the neighborhoods of Northend of West Palm Beach, Coleman Park, and Pleasant City.
- RISE is an advocate for better systems and works to identify community needs and connect families to resources that they may not be connected.

Southeast Florida Behavioral Health Network

- SEFBHN supports CAT Teams, NAVIGATE TEAM (first episode psychosis), support for wraparound training, coaching, and certification, and care coordination (through Boys Town, JFK North, and South County MH Center).

Strengths

- 211 collects call data and can report on volume of calls referred to MRT.
- There is good coordination and communication between MRT and CAPE.
- There is ongoing collaboration between SEFBHN, JFK North, and schools to develop a resource brochure. It was created broadly and reviewed at the Adolescent Collaborative Meeting.
- The county is supported by a strong RCO using evidence-based approaches to serving people with substance use disorder, seeking recovery.
    - Capacity of Rebel RCO varies but could accommodate additional participants.
- The Policy 5.20 (school mental health crisis response policy) Collaboration Meeting with school teams, district leaders, community members, and Palm Beach Sheriff's Office (PBSO).
    - Examine data related to frequency/demographics/geographic needs of student mental health crisis to inform prevention activities.

Opportunities for Improvement

- NAMI provides support and referrals to services but does not utilize a formal warmline.
- Youth MOVE chapter is operating in different part of Palm Beach County. Consider outreach to expand and support Northend.
- Set standards for follow-up protocols and timelines to ensure consistency across crisis response models.
- Promote existing resources to families and community members.
- Identify schools as primary contact for resources and navigators for families in Review existing resource brochures for accuracy
- Disseminate resource options and contacts to schools to better assist families when needs arise.
- Formalize partnerships with Family Care Council for Area 9 to address needs of youth with IDD/MH/SUD.
- Conduct review/audit of resources promoted to community (e.g. general resource info vs. crisis information).
    - Examine accessibility of information presented on Caring First webpage.
- Leverage capacity of existing RCO through referrals and formal connections.
- Promote earlier referrals to Wraparound.
    - Identify process for flagging multi-system involvement earlier.
- Utilize drop-in center to greatest capacity in 33047 region.
- Formalize involvement with faith-based community
    - Action Alliance for Mental Health, contact for faith-based initiative: Gerta Klein
- Identify opportunities to inform current updates to Palm Beach County Transportation Plan.

The remainder of this page left intentionally blank.

INTERCEPT 1—LAW ENFORCEMENT & EMERGENCY SERVICES

Emergency Services and 911

911

- When an individual calls 911, there is capacity for the caller to request a CIT-trained officer.

Law Enforcement

Sheriff's Office
Palm Beach County Sheriff's Office

Municipal Law Enforcement
West Palm Beach Police Department
Riviera Beach Police Department
Palm Beach County School Police

Palm Beach County Sheriff's Office

Crisis Intervention Teams (CIT)

- Clinician facilitates 40-hour CIT training, with classes bi-weekly. Dispatch and corrections officers also participate in CIT training. Classes are typically at capacity.

Behavioral Health Unit

- PBSO operates an embedded co-responder team (CRT) model that pairs clinicians with detectives. The CRT conducts brief assessments on the scene and if the individual is in crisis, will refer to services. The care coordinator makes referrals to community services based on risk assessment, at little to no cost.
    - Services are voluntary (no criminal obligation).
    - Cases are staffed twice a week and it takes about a week to get individuals connected to services.
- The CRT has 6 therapists and 10 detectives on the unit. Teams rotate and operate 24/7, serving any age.

West Palm Beach Police Department (WPBPD)

CIT

- WPBPD mandates officers participate in 40-hour CIT training and train new officers as they are hired.
- WPBPD convenes recognition ceremonies and awards are presented to officers.

Crisis

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.
    - In general, restraints are utilized for Baker Act transports, but can be overridden with supervisor approval (WPBPD).
- Law enforcement will transport to nearest Baker Act receiving facility and contact parents if they are not already present (WPBPD).
- In FY20-21, there were approximately 8,639 involuntary examinations for all ages (children comprise 19.62% of all exams) (USF Baker Act Reporting Center, 2022).

HCA Florida JFK North Hospital

- JFK North is the nearest designated Baker Act receiving facility for adults and children in the 33407 area.

Community Action Team (CAT) operated by Chrysalis (Intercepts 0, 1, and 5)

- The CAT Team is a multidisciplinary clinical team providing comprehensive community-based treatment for youth and young adults who are at risk of out-of-home placement (may be due to child welfare involvement, multiple Baker Acts, academic performance).
- Chrysalis operates two teams:
    - Traditional CAT Team serving youth and young adults ages 11-21
    - Early childhood team
- The team is comprised of a director overseeing Palm Beach County teams, a licensed clinician (team leads are licensed or master's level), a psychiatrist, ARNP, therapeutic mentor (for older children's team).
- The CAT Team is operating on a waitlist.

South County Mental Health Center

- South County provides behavioral health and substance use services to adults and youth in Palm Beach County.

Henderson Behavioral Health

- Henderson provides Multi-Systemic Therapy (MST) and Positive Placement Services (PPP).
- MST
    - Henderson works with families with youth who are at risk of involvement in DJJ to help parents gain back control. This program is upcoming in Palm Beach and not yet operational. Staff have recently been training, prioritizing youth in out-of-home placements.
- PPP
    - There are three staff; caseload 1:8, with turnover every 8 weeks.

Detoxification

Marchman Act

- Delray Drug Abuse Foundation is the Marchman Act facility, located in Southend of Palm Beach County.

Drug Abuse Treatment Association (DATA)

- DATA is the Marchman Act facility for adolescents (located in 33407 area).
- DATA provides services across continuum including outpatient and residential services.

Prearrest Diversion

Table 3.
*Palm Beach County Civil Citation Data**

Month	Youth CC Eligible	Issued CC (count / %)
March 2022	4	3
April 2022	3	2
May 2022	1	1
June 2022	2	2
July 2022	1	0
August 2022	1	0
Total	**12**	**8**

*Specific to 33407 area code (Retrieved from Florida Department of Juvenile Justice)

Strengths

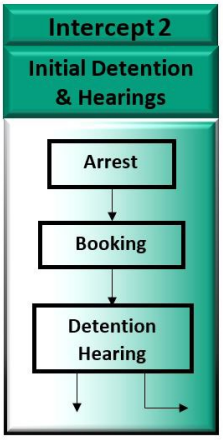
- There is a well-established CIT training and recognition program (e.g. CIT pin widely used, graduation with Class A uniforms).
- SEFBHN is adding emergency notification system (ENS) for team-based programs for hospitalization/CCSU admissions.

Opportunities for Improvement

- There is an opportunity to engage MRT when a 911 received a call for service and the officer has determined there is no immediate danger. MRT may be able to assist with crisis de-escalation and help to avoid initiation of a Baker Act.
    - Review data on law enforcement-initiated calls to determine need and promote utilization of MRT.
- Identify opportunities to connect individuals to support services when criteria for an arrest or a Baker Act is not met (e.g. direct connect to a service, case management, resource cards).
- There is an opportunity to collect data on PBSO co-responder team calls to determine when/where needs are more acute.
- Timely access to services is a barrier for the target population.
    - Workforce shortages limit warm handoffs.

INTERCEPT 2—INITIAL JUVENILE DETENTION SCREENING & HEARINGS

Arrest and Booking



Arrest/Taken into Custody

- When a youth is arrested, they are transported to the JAC.

Juvenile Assessment Center (JAC) collocated with Palm Beach Regional Detention Center operated by DJJ

- Upon arrival at the JAC, a juvenile probation officer (JPO) will review the arrest affidavit to confirm the youth is eligible to be admitted (youth may not be admitted for truancy or runaway cases).
- Youth requiring medical clearance for injury or mental health needs will not be accepted into the JAC and transported to the nearest hospital.
- The JPO conducts a preliminary screening including:
    - Detention Risk Assessment Instrument (DRAI)
        - DRAI Assessment score of 7 points or more will require a court hearing held the next day. However, 7-12 points will result in supervised released and 13 or more points requires secure detention.
    - MAYSI
    - Suicide risk screening
    - Human trafficking screening

Detention Hearing

- The detention hearing occurs within 24 hours of arrest.
    - If youth is on supervised release, the parent/guardian will bring youth to detention hearing.
    - If scored for secure detention on the DRAI, youth will be transported by detention center.
- Judiciary, State Attorney's Office, and Public Defender's Office will receive initial screening results (that do not require parental consent).

Arraignment Hearing

- Once a petition is filed, the next step is an arraignment hearing. If youth does not appear at the arraignment, then the court will issue a pick up order (PUO). At arraignment, youth plead guilty or not guilty to the charges.
    - If the youth pleads guilty then the case is set for a disposition hearing.
    - If youth pleads not guilty then the case is scheduled for an adjudicatory hearing.
- Juvenile court adjudicatory hearings will have a judge review the case. If youth is found not guilty, the case ends. If the youth is found guilty, the court may proceed with disposition or set the case off for disposition and order DJJ to prepare a Predisposition Report (PDR). The PDR is generated by DJJ based on a multidisciplinary assessment and a treatment plan is established.
- If the youth is committed to DJJ by the court the youth can then attend programs. Programs can be residential or non-residential. Non-residential programs allow youths to reside at home and attend a program during the day. Residential programs require the youth to live away from home for a period of time. The length of stay for all of the programs depends mostly on the youth needs and participation in the program.

Diversion Programs

Participation by the youth in the diversion programs is voluntary. If the youth participate and completes the program, no further action will be taken by the State. If the youth either fails to complete the diversion program or chooses not to participate in the program, then the case is sent back to the State Attorney's Office to be reviewed.

Juvenile First Offender Program (JFO)

- The program is a voluntary focused on diversion for juvenile first offenders. First-time misdemeanor offenders such as shoplifting, are referred Palm Beach Sherriff Office (PBSO). The youth must be willing to admit guilt and waiving their rights to due process to enter the program. Typical completion of the program is 90 days, and all criminal charges are not filed. If youth does not meet criteria or participate in program then the case will be sent to State Attorney's Office (SAO).

Teen Court

- Teen Court is a diversion program for juveniles with first-time misdemeanor offenses, referred by the State Attorney's Office.
- The court is comprised of volunteers from local middle and high schools and adults serve only as coordinators and judges. Youth must have a guardian or parent accompany them to the hearings.
- Palm Beach meets Tuesdays at the Gun Club Courthouse, Wednesdays at the North County Courthouse, Thursdays at the South County Courthouse, and at Glades Central High School on the third Monday of the month.

Choice to Change

- Choice to Change is a non-for-profit 501c.3 agency providing services to at risk youth, adults and families focuses on youth with minor charges such as petty theft.
- Programming for youth and families include Anger Management Intervention Prevention and Counseling, Consequences of Crime, Theft Prevention, Substance Abuse Curriculum, mentoring for family and youths, re-entry support groups, community involvement and career training.

Drug Abuse Treatment Association (DATA)

- DATA offers programs for caregivers/parents and youth with behavioral health problems and/or juvenile delinquency.
- Services include residential, outpatient, school-based programs, and Treatment Accountability for Safer Communities (TASC).
- TASC is a case management program for youth with substance use and/or mental health needs involved with DJJ.
- TASC receives referrals from DJJ. DJJ refers to TASC based on results of the MAYSI screening. TASC receives MAYSI screening results, arrest history, and a fact sheet.
- Services can be provided within schools or with the family and youth within the community. TASC provides warm hand offs to outside providers.

Juvenile Diversion Alternative Program (JDAP) provided by BAYS

- JDAP is a diversion program that receives referrals from Department of Juvenile Justice (DJJ) and approved by the SAO.
- JDAP serves youth under age 17 who have misdemeanor offenses, violent first-degree misdemeanors, or first-time felony offenders.
- Services are individualized based on a youth's needs and may include supervision for court orders, random urinalysis, individual, group, and family counseling, educational training, anger management, vocation services, and referrals for substance abuse

and/or mental health services. Monthly case manager meetings are provided as well.
- The average length of the program is 2-4 months.

Youth Prevention Services (YPS)

- The YPS program serves caregivers/parents with youth, ages 10-17, that are missing school or run away from the home, to provide free individual school-based counseling services. Eligibility is determined be a program counselor's assessment. Services are individualized for youth and families and may be referred to other community providers.

Family Violence Intervention Program (FVIP)

- The FVIP program is a court diversion program for youth involved with juvenile justice system for the first time and charged with domestic battery/assault.
- The program is free, and contact is made during the detention hearings or first appearance.
- The program is voluntary and provides a case plan with a FVIP court case advisor, case management, and referrals to counseling, employment, education, housing, and financial assistance programs.

Intensive Delinquency Diversion Services (IDDS)

- The IDDS program is an alternative to formal court involvement and provides supervision and intensive case management for youth that are classified at high-risk of becoming chronic offenders and their families.
- IDDS services are provided through private service providers. Risk factors are assessed (school behavior problems, family problems, substance abuse issues, and pre-delinquent behaviors).
- DJJ requires services be offered six days per week. Case management services include treatment plan, pre-vocational services, counseling service, diagnostic evaluation services, restitution, community services, community services, behavior management, academic assistance, substance abuse counseling, mental health services, and transportation.

Strengths

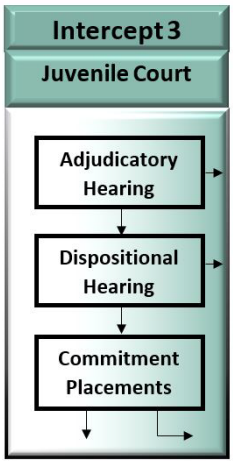
- The Public Defender's Office strongly encourages youth to participate in diversion programs.
- There are a large number of diversion programs available to youth.
- There is strong collaboration and coordination with DJJ, providers, and SAO to connect youth to needed services, as well as follow-up for services is consistent.
- SEFBHN had added capacity within last 6 months for child psychiatry.

Opportunities for Improvement

- There is a need for formal coordination of information sharing among SAO/DJJ/PD to inform court recommendations.
    - Information sharing agreement among providers/DJJ/LE to notify providers when clients are in detention/jail.
- The JAC no longer has all service providers on-site, which previously allowed for quicker, more efficient way for referrals to providers.
- Explore possibility to consider ENS for arrest/detention/incarceration.

INTERCEPT 3—DETENTION & COURTS

Juvenile Detention Center



Palm Beach Regional Detention Center operated by DJJ

- The Palm Beach Regional Detention Center has a 60-bed capacity.
- Youth are detained if pending adjudication, disposition or waiting placement in commitment facility.
- The average length of stay in secure detention is 11 days.
- Services include education, mental health, substance use, and primary healthcare.
- Education services are funded by Department of Education (DOE) through local districts.

Health Services

- Medical and mental health services are provided by VitaCore.
- VitaCore's team is comprised of master's level therapists and a psychiatrist.
- Parents may provide medications for youth to continue their existing medications while in detention.
- The detention center is willing to work with providers on a case-by-case basis.

Problem-Solving Courts

Delinquency Drug Court (DDC)

- Delinquency Drug Court serves youth with a history of substance use between ages 14-17. It is a 6-month program and requires youth and family participation. A treatment plan is created and they may participate in group and family counseling. Services are provided by DATA.

Dispositional Options

Dispositional options include Probation – Supervision, Commitment, and Probation – Transition and Reentry.

Strengths

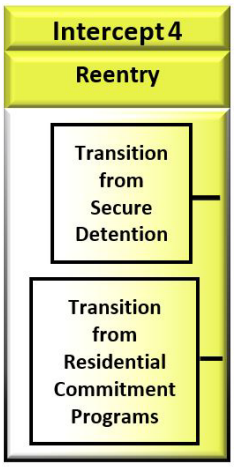
- DJJ is amenable to community providers visiting clients in detention.

Opportunities for Improvement

- There are long wait times for psychiatric evaluations.
- Review/establish MOUs between DJJ and community providers to encourage collaboration in serving youth in detention.

INTERCEPT 4—REENTRY

Reentry/Discharge Planning



Release from Secure Detention

- Upon release from secure detention, there is not a formal discharge process.
- On average, caseloads for JPOs are 1:8.

Release from DJJ Residential Commitment Programs

- The community reentry team meeting occurs 55-75 days from scheduled release. Case managers identify success plan and reviews time and dates for release. Case mangers connect mental health services and can initiate wraparound process. Child welfare will collaborate after the youth is released. Part of the exit meeting, medications are provided with refills.
- The community reentry team (CRT) is comprised of DJJ staff, commitment program reentry staff, family members, CareerSource, community mental health providers, courts, juvenile advocacy lawyers, and others involved in a youth's care upon reentry.
    - Schoolboard liaison will facilitate school transition and will conduct staffing for youth at the local level.
        - Students may be referred to alternative placement. If families aren't connected with services from community, there are co-located therapists at alternative sites that can provide services to students. These sessions will take place on campus (12-15 sessions).
    - If a youth is on psychotropic medications, the plan of care will be discussed during the CRT meeting and youth will leave with enough medications to support them until their first appointment in the community (in collaboration with Childnet).
- There is also a Palm Beach County Reentry program that will support youth reentering the community from commitment programs, jail, and prison.
- Eckerd Connects provides support with basic needs such as clothing and food.

Strengths

- There is a strong reentry process from residential commitment.
- DJJ is working to partner with an individual agency as opposed to multiple agencies for reentry supports/services. This will help to establish continuity of care and reduce turnover in services.

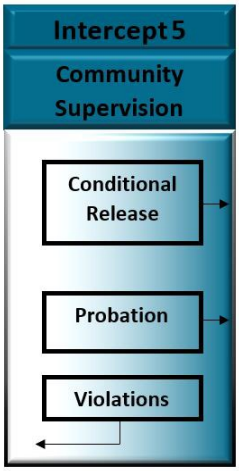
Opportunities for Improvement

- Explore opportunities for targeted case managers to visit youth while they are in the detention center.
- Increase family engagement upon reentry/discharge to the community.
- There is a need for a formal reentry program or process when a youth is released from secure detention.

INTERCEPT 5—COMMUNITY SUPERVISION

Community Supervision/Conditional Release

Probation is a supervision program created by law, which is ordered by the court in cases involving a youth who is found to have committed a delinquent act. Probation is a legal status in which the freedom of the youth is limited, and the youth's activities are restricted in lieu of commitment to the custody of the Department of Juvenile Justice (DJJ). For youth with mental health and substance use needs, DJJ probation refers for services through community-based and contract providers. The JPO shall refer the youth and parent(s)/guardian(s) to the appropriate service(s) as identified through the Community Assessment Tool (CAT) which administered 90 days prior to release. The JPO provides support, referrals, and follow-up within 24 hours of release. The assessment of youth is not a one-time event, but an ongoing process. Therefore, the JPO shall update the youth's risk and needs assessment to ensure that CAT results are reflective of the youth's status, including changes in behavior and progress.



Reentry Services

Juvenile Probation

- DJJ assigns JPOs based on youth's location and experiences. There are specialized caseloads for sex offenders and mental health.
    - However, there is limited crossover for 33407 area.

Education

Students reentering the community may be referred to alternative school placement. If families are not connected with services, there are school district co-located therapists at alternative sites that can provide services on campus (12-15 sessions).

Community Services

Mobile Response Team operated South County (Intercepts 0 & 5)

- The MRT operates 24/7 and serves all ages. They have three teams operating in Palm Beach County and one team serves the Northend.
    - The supervisor of each team is licensed. MRT responds with two staff.
- The MRT conducts the following assessments:
    - GAD-7, PHQ-9, CSSRS, DAST-10, and a brief trauma screener
- Follow-up is provided face-to-face (within 72 hours) or telephonically.
- They provide each client with a packet of resources at discharge.
- If the MRT must initiate a Baker Act, law enforcement will provide transportation to the Baker Act Receiving Facility.
    - Adults are transported to the crisis stabilization unit.
    - Youth (<18) are transported to JKF or Delray Hospital.

Community Action Team (CAT) operated by Chrysalis (Intercepts 0, 1, and 5)

- The CAT Team is a multidisciplinary clinical team providing comprehensive community-based treatment for youth and young adults who are at risk of out-of-home placement (may be due to child welfare involvement, multiple Baker Acts, academic performance).
- Chrysalis operates two teams:
    - Traditional CAT Team serving youth and young adults ages 11-21

    - Early childhood team
- The team is comprised of a director overseeing Palm Beach County teams, a licensed clinician (team leads are licensed or master's level), a psychiatrist, ARNP, therapeutic mentor (for older children's team).
- The CAT Team is operating on a waitlist.

Substance Abuse Awareness Coalition (Intercepts 0 & 5)

- The Coalition provides information on community resources and family training.
- Allies in Recovery is a virtual training program for SUD.
    - The Coalition has 16-20 trainers available.

Peer Services

Rebel Recovery Community Organization (RCO) (Intercepts 0 & 5)

- Rebel is an accredited Recovery Community Organization serving adults (ages 18+). The RCO maintains a whole person approach.
    - However, they do have a program in collaboration with the Boys and Girls Club targeting high school age youth with a focus on safety first drug education, with a harm reduction approach. The goal of the program is to develop trusting relationships in the community and promote informed understanding of substance use disorders.
- Services include a syringe service program with mobile health services, navigation to treatment supports, and care coordination and support for parents navigating child welfare (parent partners).
- Criminal Justice related supports include a peer navigator provides peer support at first appearance to coordinate services.
    - Rebel provides support in-jail since 2019 and reentry planning for MAPS program.
    - MAPs is a 12-week program with support groups facilitated by licensed counselors and peers. Rebel assists with recovery care planning and community-based resources.
        - Support includes care coordination, housing support, and sustainability planning.
- Rebel is an active BCOR SAMHSA grantee and is working to build their infrastructure and building relationships across the county, hire and train navigators that reside in different parts of the county, plan prosocial events, to provide info on pathways to recovery and address stigma.

Peer Place Drop-in Center operated by Mental Health America of Palm Beaches (located in 33407) (Intercepts 0 & 5)

- Peer Place is a drop-in center serving adults in Palm Beach County. Members can socialize with others in group and one-on-one support with trained peer support mentors.

Housing

Vita Nova (Intercepts 0 & 5)

- Vita Nova is a nonprofit that is working to eliminate homelessness for youth ages 18-to-25 years old in Palm Beach County.
- Vita Nova provides support for young adults to find housing, therapy services, health services, and education.
- There is a drop-in center in the 33407 area that is open Monday-Friday (8am-6pm).
- Vita Nova receives referrals from 211, foster care, and Florida Department of Juvenile

Justice.

Northend RISE (Intercepts 0 & 5)

- Northend RISE is a community resource center serving the neighborhoods of Northend of West Palm Beach, Coleman Park, and Pleasant City.
- RISE is an advocate for better systems and works to identify community needs and connect families to resources that they may not be connected.

Employment and Vocation

CareerSource

Urban League

Boca Helping Hands

Dress for Success

Best Foot Forward

Network for Teaching Entrepreneurship (NFTE)

Strengths

- SEFBHN assists adults with housing supports when MH/SUD is present and individual is involved in SEBHN services.
- Leverage existing network of faith-based partners to support youth and young adults reentering the community.

Opportunities for Improvement

- DJJ experiences wait times for youth referred to/in need of mental health services.
- Identify need for formal employment and vocational training opportunities/programs specific to target population and region.
- Engage nontraditional partners or existing services into planning for target population.
- Explore opportunities to enhance traditional and nontraditional education resources to address generational impacts.
- There is a lack of affordable housing options for target population.

The remainder of this page left intentionally blank.

PALM BEACH COUNTY PRIORITIES FOR CHANGE

At the end of the mapping on day one, priority areas are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote, where each participant has three votes. Participants are not allowed to vote for the same priority more than once. The voting took place on January 26, 2023. As a result of day one discussions, 14 goals/priorities emerged. The top 3 of the 14 goals are addressed in the action plan, as they were voted most important by the group. However, the housing priority was voted to be reviewed later when the appropriate teams or individuals are able to participate in decision making and vision. Expand wraparound throughout continuum was voted as part of the top 3 priorities action plan. The entire list of the fourteen goals/priorities is provided below to guide future planning efforts. The top 4 priorities / goals are identified in bold text.

Table 4.
Priority Voting Survey Results

Priority Area / Goal	Votes
Develop process/program to identify early intervention for population that doesn't meet arrest/Baker Act.	**13**
Need for additional supportive housing options for target population of crossover youth.	**10**
Identify need for formal employment/vocational training programs specific to target pop and region.	**9**
Expand wraparound throughout continuum.	**6**
Audit existing resource guides for consistency.	6
Expand parent/family engagement/involvement-throughout continuum.	6
Identify needs relating to promoting law enforcement use of Mobile Response Team.	4
Expand youth peers throughout the continuum.	4
Explore Primary Care and Behavioral Health Integration opportunities.	3
Engage nontraditional partners or existing services into planning for target pop.	3
Explore information sharing between judiciary, DJJ, and providers.	2
Explore generational approaches to address the needs of the target population.	2
Need for formal reentry process from detention.	2
Feasibility of co-located staff at JAC to facilitate warm handoffs.	2

PALM BEACH COUNTY ACTION PLAN

ACTION PLANNING PROCESS

On day two, the stakeholders were split into breakout groups to create tasks/objectives and performance measures/action steps for each goal/priority area identified. Each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion.

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. Where possible, 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 recommended to be a “living” document that is reviewed and updated periodically as tasks are achieved and assigned individuals and timelines are determined.

The Action Plan is presented on the following pages encompassing the following goals/priorities:

1. Develop process/program to identify early intervention for population that doesn't meet arrest/Baker Act.
2. Identify need for formal employment/vocational training programs specific to target population and region.
3. Expand Wraparound.

Palm Beach County Action Plan

Goal 1: Develop process/program to identify early intervention for population that doesn't meet arrest/Baker Act.

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.1: Gather information to inform development of process/program.				
1.1a	Identify existing programs/services and how to access them.	• Gather information on existing resources available to youth and young adults before involvement in DJJ or crisis system.	• 211 • Children's Services Council of Palm Beach County • Birth to 22: United for Brighter Futures • Health Care District	March 2023
1.1b	Educate agencies (including grassroots agencies, nonprofits, churches, neighborhood associations) serving 33407 families on available services and programs, paying particular attention to how the neighborhoods within the zip code identify themselves.	• Convene workshops in the communities (e.g., "DCF Explained," HOPE Florida, child welfare system partners, prevention system partners). • Share success stories of families with good outcomes • Conduct focus groups: (e.g., paired approach with resident leader and Center for Child Counseling) Use lived experiences as capital, recognizing that credibility as the requirement to do business in the community. • Build capacity for community to lead and provide an audience of stakeholders and compensation for often-unrecognized community leaders. • Inform community of options for diversion to avoid felony convictions, incarceration and other challenges that interfere with ability to work.	• Northend RISE • Faith in Florida Palm Beach County Chapter	TBD
1.1c	Expand youth/young adult peer supports and outreach.	• Conduct ACEs-focused trainings for teens in their neighborhoods. • Educate on PACES (positive and adverse experience awareness and impact), resilience building, and impact of environmental ACEs. • Convene youth re-entry supports (e.g., education, résumé building, expungement of records). • Develop pathways for compensation for resident leaders for their shared expertise and participation.	• TBD	TBD

Goal 2: Identify need for formal employment/vocational training programs specific to target population and region.

	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 2.1: Determine capacity of existing programs.				
2.1a	• Interview and analyze current programs to assess current available resources.	• Generate a current comprehensive resource list if one has not been previously generated.	• School District Adult Education-Coalition (Micah)	April 1, 2023
2.1b	Discuss with local employers needs and if they have individual programs to enable target population to have appropriate training.	• Generate a resource or training list specific to services that could serve target population in 33407 area.	• Kevin Jones (City of West Palm) • Riviera Beach City Council • Career Source • TCC	April 1, 2023
Objective 2.2: Identify current ancillary support services (behavioral health, substance abuse support).				
2.2a	Determine which ancillary services exist and are available to target population.	• Review results from youth-dialogue event(s) (3/1/23). • Increase communication between providers/community partners	• Palm beach County Behavioral Health Coalition • Hanley Center • Employment Center • TCC	First 60 days of March 1, 2023-April 2023
Objective 2.3: Determine how to connect transitional youth with programs of objective 2.1 and services of objective 2.2.				
Objective 2.4: Identify youth-informed perspective on current educational and employment opportunities.				
2.4a	Hold youth-dialogue event(s) – current initiative	• Record the events of the youth-dialogue event(s).	• Palm Beach County Behavioral Health Coalition	First 60 days of March 1st, 2023

Goal 3: Expand Wraparound.

	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 3.1: Promote education and training initiatives with a focus on Wraparound.				
3.1a	Brainstorm ideas on how to educate community about Wraparound services.	• Provide specific numbers of "Introduction to Wraparound" trainings (e.g., 1 per quarter or as needed). • Conduct three "Introduction Wraparound" trainings to legal system. • Convene quarterly "Wraparound Principles" trainings to school principals and behavioral health team in school located in 33407 area.	• SEFBHN • SEDNET (Kim Berryhill)	January 27, 2024
Objective 3.2: Leverage funding opportunities and engage DJJ/case management.				
3.2a	Seek additional funding to expand (currently offered quarterly) "Wraparound 101" three-day training.	• Explore available grant opportunities. • Engage with SEFBHN. • Conduct outreach to the PBC Funders Work Group. • Review provider toolkits and roadmaps.	• DJJ	July 15, 2023
3.2b	Engage DJJ to train case mangers/supervisors in "Wraparound 101".	• Connect with DJJ to determine willingness to participate in Wraparound trainings; create a training schedule.	• DJJ	TBD
Objective 3.3: Expand network of providers utilizing wraparound.				
3.3a	Engage providers who are not yet utilizing Wraparound to expand capacity in community.	• Provide and invite case management and care coordination providers to the "Wraparound 101 Training" to increase community buy-in. • Identify and establish contracts to partner with agencies who are not yet practicing Wraparound across the system. • Determine organizational readiness and begin training initiatives.	• Community providers	January 27, 2024

RECOMMENDATIONS

For each SIM, the TAC engages subject matter experts who can offer additional expertise based on the target population for the mapping. Throughout the mapping, the TAC team embeds best practice recommendations and additional suggestions that the community can explore to enhance their systems. In addition to addressing the priorities identified through participant vote, the USF CJMHSA TAC recommends the following actions:

1. Conduct a "secret shopper" exercise to learn how parents/families navigate community warmlines and connections to services. This exercise may be beneficial to better understand where coordination and promotion of community resource is most needed.
2. Explore best practices to increase parent and family engagement across the continuum.
    a. Engage with NAMI and Rebel RCO to determine if they may be appropriate partners to leverage in exploring ways to enhance/increase engagement.
        i. E.g., Advertising of ongoing NAMI family support meetings, social nights, and events.
    b. Find ways to integrate Wraparound principles throughout system.
3. Consider a mentorship or alumni program for juvenile drug court graduates to foster leadership and guide active participants.
    a. Connect with Youth MOVE chapter in West Palm Beach to learn about what mentorship models they may be utilizing and if they could be a partner in development of this alumni program.
4. Expand primary and behavioral healthcare integration across the continuum and support opportunities to further integrate and coordinate care.
    a. Explore shared staffing model to support JAC/DJJ on-site to provide assessments and facilitate connections to services.
5. Leverage existing progress on SEFBHN's emergency notification system (ENS) for team-based programs, for hospitalization/CCSU admissions.
6. Conduct outreach to faith-based community and invite partners to attend future strategic planning meetings for the target population of youth.

The CJMHSA TAC is available for consultation as Palm Beach County explores the implementation of their action plan and any best practices or resources named in this report. For more information on available services through the TAC, please visit the USF CJMHSA Technical Assistance Center website at www.floridatac.org.

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

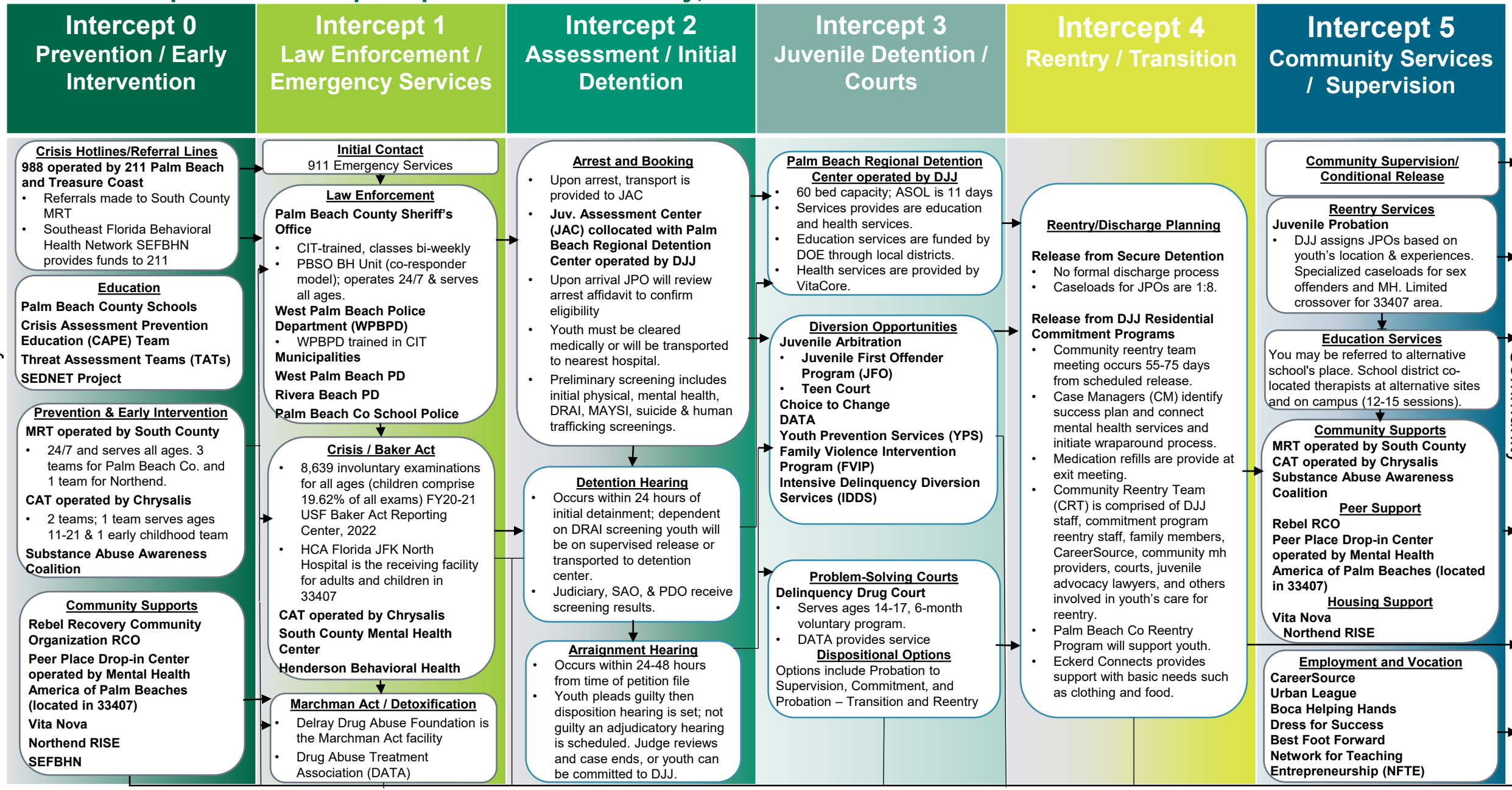
Abby Shockley, MPH, Director, CJMHSA TAC at ashockley1@usf.edu

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC at katelind@usf.edu

Beth Holland, MBA, Learning & Development Facilitator, CJMHSA TAC at holland75@usf.edu

Sponsored by DCF Contract # LH816

Juvenile Sequential Intercept Map: Palm Beach County, Florida



APPENDIX A: PARTICIPANT LIST

First Name	Last Name	Agency	Email
Marcia	Andrews	Palm Beach County School Board	marcia.andrews@palmbeachschools.org
Dr. Kim	Berryhill	SEDNET	kim.berryhill@palmbeachschools.org
April	Bristow	The 15th Judicial Circuit Judge	Abristow@pbcgov.org
Elisa	Cramer	Florida Department of Children and Families	Elisa.Cramer@myflfamilies.org
Jeff	DeMario	Vita Nova, Inc.	JDeMario@vitanovainc.org
Jean	Francis	Office of the State Attorney	jfrancis@sa15.org
Ashley	Furlano	The Hanley Foundation	Ashley@hanleyfoundation.org
Jean	Francis	ASA	jfrancis@sa15.org
Craig	Glover	Northend Rise	cglover@northendrise.org
Christopher	Glymph	Hanley Foundation	Christopher@hanleyfoundation.org
Beth	Holland	USF CJMHSA TAC	Holland75@usf.edu
Kevin	Jones	West Palm Beach Police Department	kljones@wpb.org
Michael	Kane	Palm Beach County School District- BH Services	michael.kane@palmbeachschools.org
Krystal	Kenison	ChildNet	apatterson-major@childnet.us
Renee	Layman	Center for Child Counseling	Renee@centerforchildcounseling.org
Kathy	Leone	Circuit 15 Community Alliance	kathydleone@gmail.com
Michele	Lockhart	Palm Beach County School Police	michele.lockhart@palmbeachschools.org
Jim	Mackey	Palm Beach County Sheriff's Office	mackeyj@pbso.org
Candy	Maldonando	PBSO District 1	maldonadoa@pbso.org
Eryka	Marshall	USF Subject Matter Expert	eryka@usf.edu
Dr. Mary Claire	Mucenic	Palm Beach Schools	maryclaire.mucenic@palmbeachschools.org
Grace	McCauley	Hanley Foundation	Grace@hanleyfoundation.org
Katelind	Melendez	USF CJMHSA TAC	katelind@usf.edu

First Name	Last Name	Agency	Email
Crister	Moynahan	Rebel RCO	Info@rebelrecoveryfl.com
Angela	Noon	Hanley Foundation	anoon@hanleyfoundation.org
Amber	Payne	Center for Child Counseling	amber@centerforchildcounseling.org
Regina	Price	Riviera Beach Police- Palm Beach County Schools	Rprice@rbpublicsafety.org
Maggie	Prince	Principal Believers Academy	maggie@believersacademyinc.org
Lindsey	Redding	Well Florida Council	Lredding@wellflorida.org
Jamie-Lyn	Richartz	Center for Family Services of PBC	Jrichartz@ctrfam.org
Stephanie	Riley	Florida DJJ	Stephanie.Riley@fldjj.gov
Micah	Robbins	Substance Abuse Awareness Coalition	mrobbins33@gmail.com
Spencer	Rozier	Rivera Beach Police Department	Srozier@rbpublicsafety.org
Lauren	Scirrotto	Center for Child Counseling	lauren@centerforchildcounseling.org
Abby	Shockley	USF CJMHSA TAC	Ashockley1@usf.edu
Alyssa	Simmonds	Palm Beach County Sheriff's Office- LMHC	simmondsa@pbso.org
Jill	Sorensen	Southeast Florida Behavioral Health Network	Jill_Sorensen@sefbhn.org
Chief Greg	Starling	Florida Department if Juvenile Justice	gregory.starling@fldjj.gov
Shari	Thomas	Henderson Behavioral Health	sthomas@hendersonbh.org
Stephanie	Thompson	The Drug Abuse Foundation	stephanie_thompson@dafpbci.org
Norma	Wagner	Florida Department of Children and Families	Norma.Wagner@myflfamilies.com
Daliah	Weiss	The 15th Judicial Circuit- Judge	Dweiss@pbcgov.org
Ryan	Wertepny	Hanley Foundation	ryan@hanleyfoundation.org
Autumn	Wetzel	Center for Family Services of PBC	awetzel@ctrfam.org
Hayley	Wilson	Child Net US	Hayley.wilson@childnet.us
Rae	Whitely	Faith in Florida	rwhitely@faithinflorida.org
Austin	Wright	Rebel Recovery	Austin@rebelrecoveryfl.com

First Name	Last Name	Agency	Email
Janele	Young	Palm Beach County School District- BH Services	janele.young@palmbeachschools.org
Maegan	Young	Office of the Public Defender	Myoung@pd15.state.fl.us
Georgette	Yerill	South County Mental Health	yerrillg@scmhcinc.org
Nicole	Playton	TASC Circuit 15 and 19	nicoler@drugabusetreatment.org
Yvette	Bonilla	Center for Family Services	Ybonilla@ctrfam.org

APPENDIX B: PALM BEACH DATA SNAPSHOT

This appendix summarizes publicly available data concerning Palm Beach County, Florida youth demographics, schools, substance use, mental health, and justice indicators. The following data was presented in the introduction PowerPoint at the beginning of the SIM workshop and collected from Palm Beach County stakeholders, and web resources. The data presented below is not specific to the Northend of Palm Beach County (zip code 33407) unless indicated otherwise.

Intercept 0

Table B1.
*Summary of 211 Palm Beach County Calls**

Month	Crisis Contacts Received	Crisis Contacts Answered
March 2022	51	*51*
April 2022	38	*34*
May 2022	137	*135*
June 2022	81	*79*
July 2022	44	*43*
August 2022	48	*47*
Total	**399**	**389**

*Data comprises calls only in 33407 area code (adults and juveniles).

Table B2.
Summary of South County Mental Health Hospital Mobile Response Team Data (March-August 2022)*

	MRT
# of Call Received (count	614
# of Call Received (unique clients)	571
# Repeat Calls	43 (7.5%)
Average Response Time	25 minutes
# of Face to Face Episodes	5 calls (>1%)

*This data includes all ages (adults and youth) in Palm Beach County.

Intercept 1

Table B3.
*Palm Beach County Civil Citation Data**

Month	Youth CC Eligible	Issued CC (count / %)
March 2022	4	3
April 2022	3	2
May 2022	1	1
June 2022	2	2
July 2022	1	0
August 2022	1	0
Total	**12**	**8**

*Specific to 33407 area code (Retrieved from Florida Department of Juvenile Justice)

Intercept 2

Table B4.
*Summary of DJJ Intake Data**

Month	# of Arrests	# of Youth Arrested (unduplicated)
March 2022	6	5
April 2022	12	11
May 2022	13	13
June 2022	9	8
July 2022	12	9
August 2022	7	7
Total	**59**	**53**

*Specific to 33407 area code (Retrieved from Florida Department of Juvenile Justice)

Table B5.
*Summary of DJJ MAYSI Screenings**

Month	MH/SU Screenings (#/count)	MH, Screening Positive (count/ %)	SU, Screening Positive (count/ %)
March 2022	3	1 (33.3%)	0
April 2022	9	3 (33.3%)	1 (11.1%)
May 2022	11	4 (36.4%)	0
June 2022	6	2 (33.3%)	1 (16.1%)
July 2022	1	1 (100%)	0
August 2022	5	3 (60%)	1 (20%)
Total	**35**	**14 (40%)**	**3 (8.6%)**

*Specific to 33407 area code (Retrieved from Florida Department of Juvenile Justice)

APPENDIX C: RESOURCES

UNIVERSITY OF SOUTH FLORIDA RESOURCES

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

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center website serves as a clearing house for resources and research relevant to Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grantees. The website is updated weekly with upcoming webinar opportunities and other recent publications in the fields of behavioral health and criminal justice.

Baker Act Reporting Center at USF

The Baker Act Reporting Center has received, processed, and analyzed statewide involuntary (Baker Act) examination data for almost two decades. As of 2018, The Baker Act Reporting Center also collects petitions, orders, and treatment plans for involuntary placement from County Clerks of Court. The Center receives this data on behalf of the Florida Department of Children and Families. The Center is housed in the Department of Mental Health Law & Policy, de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences at the University of South Florida. The most recent Florida Baker Act Data Reports can be found on the Baker Act Reporting Center Website.

State of Florida Best Practices Response Protocol for Schools to Use Mobile Response Teams (USF Louis de la Parte Florida Mental Health Institute, June 2021)

This protocol was developed as a part of Florida House Bill 945. House Bill 945 focuses on three areas (1) mobile response teams, (2) coordination of children's system of care, and (3) crisis stabilization services. As part of the bill, the Louis de la Parte Florida Mental Health Institute (FMHI) was charged with developing a best practices response protocol for schools to use mobile response teams (MRT) when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others.

Web Resources

Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute-Department of Mental Health Law and Policy (MHLP)	http://www.usf.edu/cbcs/mhlp/
Florida Alcohol and Drug Abuse Association	https://www.fadaa.org/
Florida Department of Children and Families (DCF)-Mental Health and Substance Use	https://www.myflfamilies.com/service-programs/samh/
Policy Research Associates (PRA)	https://www.prainc.com/
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhsa.gov/gains-center

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

The Substance Abuse and Mental Health Services Administration (SAMHSA)	https://www.samhsa.gov/
Center for Mental Health Services	https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for Substance Abuse Treatment	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhsa.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://tash.org/nctic/
National Clearinghouse for Alcohol and Drug Information	https://clearinghouse.fmcsa.dot.gov/
SAMHSA Grant Announcements	https://www.samhsa.gov/grants/grant-announcements-2021
Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network	https://www.samhsa.gov/ebp-resource-center

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	http://www.endhomelessness.org/pages/housing_first
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Council for Behavioral Health	https://www.thenationalcouncil.org/
National Criminal Justice Reference Service	https://www.ncjrs.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/index.html
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/

APPENDIX D: CJMHSA TAC FACILITATOR BIOS

Abby Shockley, MPH, Director, CJMHSA TAC

Abby is the Director of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC). Prior to joining the TAC, Abby served as a Senior Policy Analyst with the New Hampshire Department of Health and Human Services where her work focused on several of the Department's substance use disorder (SUD) initiatives, including substance use disorder policy analysis and development and expansion and oversight of Medicaid coverage for SUD. During her time with NH DHHS, she also served as the Project Director for implementation of the State Opioid Response grant, including oversight of program development for delivering behavioral health services and expanding the use of Medication Assisted Treatment for individuals involved in NH's criminal justice system.

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC

Katelind is the Assistant Program Director at the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC). At the CJMHSA TAC, she is responsible for facilitation of technical assistance events for the DCF Reinvestment Grant Program, as well as technical report writing, for grant program reports written to inform the DCF and the Florida Legislature. She earned a Master of Arts in Criminology and a Master of Science in Child and Adolescent Behavioral Health at USF. Since starting at the CJMHSA TAC, Katelind has assisted in facilitation of over 17 Sequential Intercept Mappings across the state, which promote system-wide changes in the behavioral health and criminal and juvenile justice systems.

Beth Holland, MBA, Learning and Development Facilitator, CJMHSA TAC

Mary (Beth) Holland is excited about her new role as the Learning and Development Facilitator at the CJMHSA TAC. Previously, she was in the multifamily housing industry as a social media and reputation manager for 10 years. She received her Master's in Business Administration with a concentration in Marketing in 2014 from Sullivan University. She is thrilled about the opportunity to join the TAC team and contribute her marketing expertise and various skills to expanding the TAC's capacity for grantee communications relative to newsletters, as well as development and implementation of a learning collaborative to enhance peer to peer learning among grantees across the State of Florida.

Eryka Marshall, M.A, LMHC, CJMHSA TAC Subject Matter Expert

Eryka is a Licensed Mental Health Counselor with over 10 years' experience of working with youth and families in community settings. Ms. Marshall is a clinician with the Tampa Housing Authority Youth and Family Services Program, a prevention program funded by the Department of Juvenile Justice. She earned a Masters in Rehabilitation and Mental Health Counseling, with a certificate in Marriage and Family Therapy at USF. Ms. Marshall also works in the Department of Mental Health Law & Policy on various research projects and as a guest lecturer in Behavioral Healthcare courses.