

# Volusia County, Florida

## Juvenile Sequential Intercept Mapping Report

September 22-23, 2021



UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

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# VOLUSIA COUNTY JUVENILE SIM REPORT ABBREVIATIONS

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

## GENERAL LIST OF ABBREVIATIONS & DEFINITIONS

ADC	Average Daily Census
ADP	Average Daily Population
AHCA	Agency for Health Care Administration
BA	Baker Act
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.
CCSU	Children's Crisis Stabilization Unit
CINS/FINS	Children In Need of Services/Families In Need of Services
CIT	Crisis Intervention Team
CJMHS	Criminal Justice, Mental Health, and Substance Abuse
CJMHS TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
Crossover Youth	Youth involved in both the child welfare and juvenile justice systems
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
MRT	Mobile Response Team
NAMI	National Alliance on Mental Illness
PACT	Positive Achievement Change Tool Assessment (R-PACT is residential PACT, C-PACT is community PACT)
PAT programs)	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
SRD	School Resource Deputy
SRO	School Resource Officer
SU	Substance Use
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation
YES Plan	Youth-Empowerment Success Plan: developed to assist Juvenile Probation Officers and contracted case managers in utilizing the information gathered through the CAT assessment to establish meaningful goals and actions in collaboration with the youth and family.

### **VOLUSIA COUNTY ABBREVIATIONS**

CPC	Community Partnership for Children
VSO	Volusia Sheriff's Office

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# Volusia 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 in Daytona Beach, Florida at the Piggotte Community Center on September 22-23, 2021. 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 Volusia County, Florida. Moreover, 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:

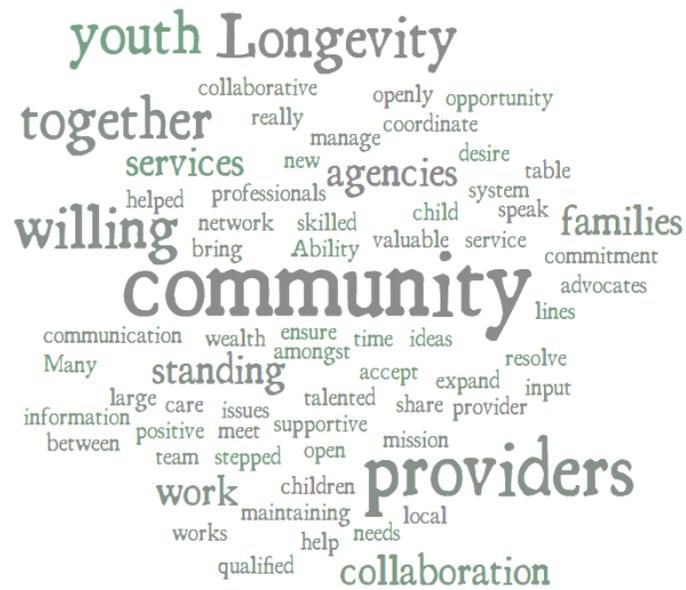
- A brief review of the background for the SIM
- A detailed summary of the information gathered during the SIM, presented by intercept
- A sequential intercept map developed with input from the participants during the SIM
- An action planning (priorities in rank order) matrix developed by the participants
- Recommendations to assist Volusia 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 CJMHSА 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 at the request of DCF to assist Volusia County with identifying opportunities for collaboration and shared priorities for systems change. The SIM provided Volusia 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 40 participants representing cross-systems stakeholders including Volusia County Schools, Volusia Sheriff’s Office, Florida Department of Juvenile Justice, Judiciary, State Attorney’s Office, Public Defender’s Office, parents, LSF Health Systems, Florida Department of Children and Families, Halifax Health, SMA Healthcare, Sunshine Health, Community Partnership for Children, and a cadre of other Volusia County stakeholders. A complete list of participants is available in Appendix A at the end of this report. Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for Volusia County’s system for the target population (Figure 1). This feedback was integrated into the SIM and validated by priorities that were collectively identified through the SIM process.



Abby Shockley and Katelind Melendez as well as subject matter experts Nickie Zenn and Michele Saunders of the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC) 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 Volusia 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 (10-17) 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 Volusia County Juvenile SIM map is on page 28.

### KEYS TO SUCCESS

#### Existing Cross-Systems Partnerships

Volusia 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 partnerships include:

- Volusia/Flagler Behavioral Health Consortium
- Volusia County CHIP Leadership Team
- Family Engagement Advisory Board (Healthy Start)
- Circuit 7 DJJ Advisory Board
- One Voice Volusia
- Volusia Recovery Alliance
- Interagency Group (led by SMA), monthly meeting
- CPC Youth Advisory Council
- Public Safety Coordinating Council

Existing community strategic plans include:

- Volusia County Community Health Improvement Plan (2020-2022)
  - Volusia County Community Health Needs Assessment (2019)
- Circuit 7 DJJ Advisory Board Comprehensive Plan (2018-2021)
- Volusia / Flagler Children's BH System of Care Gaps / Areas for Improvement & Children's SOC Components (August 2021)

### 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 on both days by:

- Assistant Secretary Erica Floyd-Thomas, Florida Department of Children & Families
- Patty Medlock, Director of Business Alignment, Florida Department of Children & Families
- Mario Rubio, Regional Managing Director, Florida Department of Children & Families
- James L. Gillis, Jr., City Manager, City of South Daytona

### **VOLUSIA COUNTY DATA SNAPSHOT**

The SIM opened with a presentation on the general SIM process and history, as well as a brief review of existing Volusia County data that contributes to understanding the needs and risk/protective factors associated with the target population. 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.

# VOLUSIA COUNTY JUVENILE SIM NARRATIVE

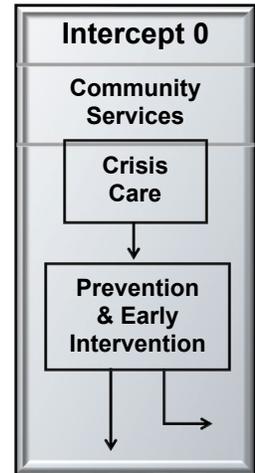
This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Volusia County Juvenile SIM map, especially about program specifics and acronyms used on the map.

## INTERCEPT 0—COMMUNITY SERVICES

### Crisis Hotlines

#### *SMA Healthcare Access and Crisis Response Center*

- The SMA Access Hotline (1-800-539-4228) is a 24/7 information and referral line.
- Call takers assess the situation, determine if telehealth is appropriate or refer the individual within an hour.
- Bachelor’s level and master’s level personnel take calls and operate the crisis line with a master’s level clinician acting as the program director.
  - A clinician does not always respond to calls.
- The Access line can make referrals to the mobile response team (MRT) or link callers to a therapist on the phone immediately.
  - If the MRT is referred, there is a follow-up call within 30 days.
- If a youth has substance use problems, the call taker can set up appointment as they have access to the SMA case management. In Volusia County, SMA only provides substance use treatment for youth.



**Table 1.**  
*SMA Access Hotline Data*

	FY19/20	FY20/21
<b># Calls Received</b>	91,275	38,526*
<b># Calls Answered</b>	86,367	37,794
<b>Answer Rate</b>	95%	98%

*\*SMA experienced a decrease in calls to the Access Center during the height of the pandemic, but not as significant of a decrease as this number implies. SMA moved to a new phone system in March 2021 that has made it more difficult to track this data. They are currently working to ensure accuracy of the reports from the new system. Approximately four months of call volume is absent from this data due to the transition.*

#### *Lutheran Services Florida (LSF) Health Systems Access to Care Line*

- The LSF Access to Care Line (1-877-229-9098) operates 24 hours a day, 7 days a week and provides referrals and information for mental health counseling. It is not a crisis line but does provide warm hand offs to services when possible.

#### *211 operated by United Way of Volusia-Flagler Counties*

- 211 is a 24/7 information and referral line for free information about available area services.
- 211 is not widely utilized in Volusia County, call takers are based in Brevard County.
- [211live.org](http://211live.org) is an online resource, a partnership between One Voice for Volusia and The United Way of Volusia-Flagler Counties, is a 24-hour source of information about over 1,000 local community services.

#### *Family Support Warm Line operated by Children's Home Society of Florida*

- The Family Support Warm Line (1-888-733-6303) connects callers to a counselor with a call or text. The warm line is staffed between 7 a.m. and 11 p.m. ET with at least one clinician and one supervisor

#### *New Hope Crisis Counseling Hotline*

- The New Hope Crisis Hotline (1-714-NEW HOPE) is a faith-based crisis line that operates 24 hours a day and 7 days a week. The New Hope hotline provides telephonic intervention and suicide prevention counseling. Trained crisis responders provide peer counseling for those who are struggling.

#### *Volusia Recovery Alliance*

- For resources to assist with recovery, individuals can call Volusia Recovery Alliance at 386-777-Peer.
- The call-line is available 24/7. If calls are missed the goal is to return calls within 24 hours

#### *Florida Abuse Hotline operated by DCF*

- The Florida Abuse Hotline (1-800-962-2873) accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult.

### Prevention and Early Intervention

#### *Mobile Response Team (MRT) operated by SMA Healthcare*

- The MRT serves Volusia and Flagler Counties and is linked with the SMA Access Center. The MRT receives referrals for calls to the Access hotline. The MRT will be dispatched to callers when appropriate. Two individuals typically respond to individuals in crisis. If an individual is out of county, the MRT will provide a warm hand off.
- The team is comprised of a licensed mental health counselor (director), three master's level counselors, and one bachelor's level counselor.
- The MRT serves youth and adults.
- MRT personnel receive annual training on suicide response and assessments and verbal de-escalation curriculums.
- The SMA MRT does not respond to Volusia County Schools as the schools operate another MRT.
- FY20-21 MRT data including a summary of the number of MRT calls, referral sources, average response time, and call outcomes is presented in Appendix B4.

#### *SMA BEACH House*

- BEACH House is a shelter that provides short-term respite for youth ages 10-17 who are truant, ungovernable, or runaway, and/or homeless with the goal of family reunification. Youth are provided with meals, individual, and group counseling, educational groups, and family therapy.

- BEACH House accepts referrals from parents, school resource officers, and law enforcement when youth need respite. Screening prior to admission occurs telephonically.
- There are licensed clinicians on staff. However, BEACH House cannot assist youth who need medical or behavioral management and they may be referred to Halifax.
- The average length of stay is 14 days.

### Volusia County Schools Prevention Efforts

#### *Volusia County Schools Mobile Response Team (MRT)*

- The Volusia County Schools MRT is funded by the mental health allocation and there are teams across the school district available to respond to needs throughout the school day.
  - At the school level, a threat assessment is conducted (counselors, administrators, law enforcement and teachers) that is then escalated to the district office where the MH team reviews the threat assessment, and a decision is made to dispatch a MRT to the school.
- MRT is comprised of a licensed clinician that will provide referral to resources or make the decision to Baker Act the youth in crisis.
- If a youth is in danger of harming themselves, 911 may be called in lieu of MRT.
- Law enforcement provides all transportation to Baker Act receiving facilities.
- Annual youth mental health training is provided to all Volusia County Schools personnel. There is an initial 6-hour training and a refresher training each year.
- The Volusia County Schools MRT focuses on school-related crises such as a death of a teacher.

#### *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.

### Crisis Response

#### *Community Action Team (CAT) operated by Halifax*

- The CAT is clinical team that offers and provides comprehensive, intensive community-based treatment to families with young and young adults, age 11-21, who are at risk of out-of-home placement due to a mental health or co-occurring disorder and related complex issues for whom traditional services are not/have not been adequate

### Strengths

- BEACH House is a major resource for respite in the county. However, there is still a need for additional respite beds.
- Volusia Sheriff's Office (VSO) is operating a telehealth pilot program in Deltona through grant funding with Florida Power and Light. The grant assisted with the purchase of

iPads to help individuals in crisis connect with SMA clinicians in lieu of arrest or initiation of a Baker Act, if possible. However, this isn't occurring yet in Daytona Beach.

- Volusia County is in the process of coordinating a county-wide resource list through Aunt Bertha, a database developed by the State of Florida.
- VSO provides deputies with a 2-page list of resources to provide to youth and families seeking community resources.
- The VSO marketing program is working to raise awareness surrounding available mental health and substance use services to promote help-seeking among Volusia County youth and families.
- Volusia Recovery Alliance is working to increase peer support through assistance with court fees, training, and emphasis on adolescent voice, specifically targeting transition age youth. The Volusia Recovery Alliance is also funding marketing for community resources among minority populations in Deltona and Pierson.
- The CPC Youth Advisory Council is open to discussions surrounding youth peers.

### Opportunities for Improvement

- There is a need for greater coordination between the MRTs.
  - Define purpose and goals of SMA MRT and Volusia County Schools MRT
- The SMA MRT is underutilized.
- Parents seek assistance from schools when they have problems with youth at home. There is a need to promote community-based supports and services.
- There is a need to understand and align the variety of public-facing crisis hotlines.
  - There is an opportunity to explore a text-based hotline that may be more widely utilized by youth
- There are not any youth peers currently in Volusia County. However, DCF is exploring opportunities to engage youth peers using a model that has been successful in Broward County.
  - There is opportunity to explore the development of a Youth MOVE chapter.
  - There is an opportunity to engage youth through school mentorship programs.
  - There is an opportunity to involve youth in decision making through the Community Partnership for Children (CPC) Youth Advisory Council.
- Volusia County providers experience a great deal of therapist and staff turnover.
- There is a need to formalize boundary spanner relationships and processes. Knowledge of community resource must live within the system rather than with any one individual or agency.
- Youth have multiple case managers across child-serving systems.
- There is an opportunity to explore utility of universal release of information forms.
- There is a need for community emphasis on general mental wellbeing.
- Parent navigators and systems champions are needed within Volusia County.

## INTERCEPT 1—LAW ENFORCEMENT & EMERGENCY SERVICES

### Emergency Services and 911

#### 911

- If a youth is experiencing an apparent behavioral health crisis the Volusia County Sheriff's Office, is the first point of emergency contact and system response.
  - When dispatchers identify a mental health crisis call, deputies, the fire department, and EMT are dispatched.
- Dispatch receives Crisis Intervention Team (CIT) training as part of initial onboarding training.

### Law Enforcement

#### *Volusia County Sheriff's Office*

- All VSO deputies, school resource officers (SROs), correctional officers, and other personnel receive the 40-hour CIT Memphis model training during employee onboarding.
- Targeted mental health trainings are conducted annually.
- SMA and Halifax participate in CIT trainings to speak about services they provide, tour facilities with law enforcement officers, and talk about their roles in the crisis system.
- SROs, school resource deputies (SRDs), and guardians receive youth Mental Health First Aid (MHFA) training. The School Safety Team convenes meetings with SROs and guardians to talk about warning signs and symptoms signs of autism and mental health problems.



There are 13 municipalities in Volusia County. The largest municipalities are listed below:

- Daytona Beach Police Department
- New Smyrna Police Department
- Deland Police Department
- Port Orange Police Department

#### *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 meet the criteria for an involuntary Baker Act examination, he/she is transported to the Halifax Children's Crisis Stabilization Unit (CCSU) in Volusia County for assessment if it occurs Monday - Friday between the hours of 8 a.m. – 8 p.m. Outside of these hours, the youth in crisis will be transported to the Halifax Emergency Department.
- If the youth meet the criteria for an involuntary Baker Act examination, and has committed a criminal offense, he/she is first transported to the Halifax CCSU or an appropriate mental health facility for evaluation. Law enforcement (VSO) handcuffs juveniles during transportation to the CCSU.

#### *Marchman Act*

- If the youth requires medical stabilization, VSO will coordinate transportation to the nearest juvenile addictions receiving facility (JARF). However, this does not happen often because coordinating transportation to the JARF is difficult.

- Halifax and SMA Healthcare have an agreement for a substance use counselor to come to the CCSU to provide substance use treatment, but it is dependent upon the youth. This causes problems in the courts, because it is unclear that a youth is at the CCSU due to a Marchman Act Order rather than a Baker Act Order.
- If there is a crossover youth (DCF and DJJ-involved), DJJ will be notified.

### Crisis Services

#### *Halifax Children's Crisis Stabilization Unit (CCSU)*

- The Halifax CCSU operates Monday through Friday, 8 a.m. – 8 p.m.
- When the Halifax CCSU is not accepting youth for screening, they are transported to the Halifax Emergency Department.
- The CCSU has the capacity for 30 youth and separates children and adolescents. The average length of stay is 3 days.
- If a youth is receiving services when they are admitted to the CCSU, Halifax will conduct outreach to their existing provider.
- If they are not receiving services upon admission, they will be connected to Halifax for services or to a person/facility providing appropriate services based on the family request.
  - Youth may see a doctor within 30 days if they are not inpatient.
  - Upon discharge from the CCSU, they will have an appointment with a therapist within 7 days.
- Halifax care coordinators connect with the schools to provide information when a youth is placed under a Baker Act Order. They do not share this information if a youth only receives a screening.
- A two-year comparison of Halifax Baker Act data is presented in Appendix B.

#### *SMA Healthcare Adolescent Outpatient Program (ADOP)*

- ADOP provides assistance to adolescents with substance use and dependency issues.

### Strengths

- There is good communication between Volusia County Schools, DCF, and law enforcement when notifying school regarding a child who has been placed under a Baker Act Order.
- Halifax is hoping to expand CCSU hours. Currently, Halifax Health only accepts youth for screening at the CCSU, Monday through Friday, 8 a.m. – 8 p.m.
- Sunshine Health offers free trainings on the topics of trauma, cognitive behavioral therapy, and other best practices.
- There is momentum on the possibility of a juvenile assessment center in Volusia County (est. start-up \$1.5 million).
  - A JAC may help to alleviate the long wait-times for admission to DJJ secure detention when youth are left in custody of a sheriff's deputy.

### Opportunities for Improvement

- Law enforcement does not call the MRT when they encounter an individual in crisis.
- Law enforcement would like to be more knowledgeable about community resources available for youth.
- There is difficulty obtaining parental consent while youth are under a Baker Act Order and difficulty engaging parents following release from the CCSU for follow-up services.
  - Examine high utilizer data to target services to these youth.

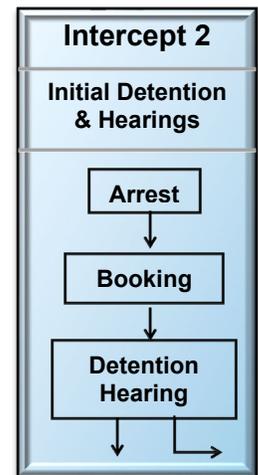
- Increase student awareness of available crisis supports and that they have access to counseling without parental consent.
- If a youth is not placed under a Baker Act Order, it is difficult to get them into mental health services.
- There is a need for more workforce capacity among Volusia County behavioral health providers.
  - Consider opportunities for co-location, staff sharing, and reviewing HRSA workforce grant solicitations
- Some providers only accept Medicaid and youth with insurance have limited treatment options.
  - Opportunity to leverage use of ARNPs and local medical schools to recruit for local workforce
- Youth and families have multiple case managers across systems that are not coordinated
- Potential for CIT Steering Committee to encourage CIT training to move towards CIT program. The steering committee may convene monthly with the purpose of facilitating robust training and emphasize system improvement and build partnerships for systemic change at the leadership level.
  - Consider offering a CIT refresher to law enforcement
- It is more time efficient for law enforcement to drop off at the receiving facility than it is for them to wait for the MRT. There are discussions ongoing between law enforcement and the MRT.
- BEACH House respite is always at capacity and it is a voluntary respite, therefore youth cannot be ordered to stay.
  - There are respite needs for youth under age 10.
- High-Fidelity Wraparound is not widely utilized.

## INTERCEPT 2—INITIAL JUVENILE DETENTION SCREENING & HEARINGS

### Arrest and Booking

#### *Civil Citation (pre-arrest diversion)*

- Civil citations are up to the discretion of DJJ. VSO may arrest the youth but must wait on DJJ for final decision to release, transport to secure detention or issue civil citation. This determination can also be made by the State Attorney's Office.
  - Youth stays in custody of VSO during the screening and paperwork until a determination is made. This keeps the deputy occupied and off the street.
- Youth receive 3 chances for a civil citation.
- DJJ civil citation coordinator will follow youth.
  - If noncompliant, paperwork will be filed with State Attorney's Office.



#### *Arrest/Taken into Custody*

- When a youth is arrested, the DRAI screening will be conducted over the phone by a JPO at the DJJ Call Center while the youth is in custody of a deputy.

### Detention Hearing

- If a juvenile is placed in secure detention (score of 7 or more points on DRAI), a detention hearing occurs through video conference, within 24 hours of arrest to determine the need for continued secure detention.
- The purpose of the detention hearing is to determine the existence of probable cause that the child has committed the delinquent act or violation of law that he or she is charged with and the need for continued detention.
- A child may not be placed into or held in detention care for longer than 24 hours unless the court orders such detention care, and the order includes specific instructions that direct the release of the child from such detention care.
- A child may not be held in detention care under a special order for more than 21 days unless an adjudicatory hearing for the case has been commenced.
- After the detention hearing, the youth is assigned a juvenile probation officer (JPO) who continues the intake process and conducts screenings:
  - Massachusetts Youth Screening Instrument (MAYSI-2)
  - Suicide Risk Screening Instrument (SRSI)
  - Community Assessment Tool (CAT)
  - Human Trafficking Screening Tool (HTST)
- If the youth is released back into the community, the family may seek community mental health and substance use services. The assigned JPO will provide the family with the intake screening results and contact/location information to community providers.
  - JPOs assist families, but do not have family and peer support services.
  - JPOS coordinate with schools and connect with treatment providers.
  - Contracted providers are responsible for supervision of youth if they are on supervised release.
    - Rite of Passage is the contracted provider for supervised release.
- If a youth is strictly on intake (not under supervision) DJJ provides youth and family referral sources that have a list of service providers and encourage them to make appointments to start receiving services. As an agency, DJJ does not have legal authority over the youth at that time and cannot mandate participation in services.

## Diversion Opportunities

### *Teen Court*

- Teen Court accepts youth with 1<sup>st</sup> and 2<sup>nd</sup> time offenses as well as some felony offenses. There are not specific admission criteria.
- Teen Court receives referrals from the State Attorney's Office and law enforcement through civil citations.
- The jury is comprised of Teen Court volunteers and former Teen Court offenders. Teen Court offenders must admit guilt before being accepted into the program. The "trial," will determine an appropriate sentence. Examples of sentencing options include community service, letters of apology, and counseling.

### *Juvenile Diversion Alternative Program (JDAP) facilitated by BAYS*

- JDAP is a diversion program that provides services based on individual youth and family needs. Youth may be referred by the State Attorney's Office or DJJ. The program provides supervision and monitoring of court-ordered sanctions, drug testing, individual, group and family counseling, anger management, vocational services, substance use prevention and treatment, and mental health services.

## Strengths

- An estimated 70-75% of youth appear to their court hearings. Failure to appear may be addressed through an automated text reminder system.

## Opportunities for Improvement

- The State Attorney's Office and Judge are not seeing all screening results. They are only reviewing the DRAI results.
- DCF is not involved with DJJ youth unless they are a crossover youth, or they are flagged through the local review team. There is an opportunity to DCF to assist in referring youth to services.
- Services that youth are referred to often occur during school hours and there is need to address this among services providers and schools. There is potential for telehealth appointments to convene while youth are at school.

## INTERCEPT 3—DETENTION & COURTS

### Volusia County Regional Juvenile Detention Center

- The Volusia County Regional Juvenile Detention Center is a 50-bed secure facility, that serves Volusia, Flagler, and St. Johns County youth
- The average length of stay in secure detention is 13 days (DJJ, 2021).

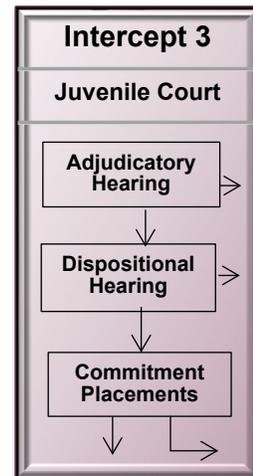
#### *Screening*

- All youth referred to the department shall receive an initial mental health and substance use screening. The initial mental health and substance use screening is accomplished through administration of the Massachusetts Youth Screening Instrument-2 (MAYSI-2)
  - If the need for further assessment is indicated by the MAYSI-2, the youth shall be referred for a comprehensive assessment.
  - If the youth is to be released, the parent(s)/guardian(s) shall be informed of the results of the MAYSI-2 and shall be given information as to the location of the comprehensive assessment provider, the appointment time, if arranged by the JPO, and the importance of delivering the youth for the follow-up appointment.
  - When the MAYSI-2 results or other information obtained indicates possible suicide risk, the youth shall be referred for an assessment of suicide risk to be conducted by Halifax within twenty-four (24) hours or immediately if the youth is in crisis. Halifax must provide medical clearance for the youth to return to the detention center.
- JPO screeners participate in in-service trainings annually.
- Services include education, mental health, substance use, and healthcare
- There is a mental health clinician and nurse on staff at the detention center. A nurse (LPN/RN) is present 24/7. A doctor is on-call and available to come in to prescribe medications or conduct telehealth appointments on occasion. A psychiatrist is at the detention center once a week and the facility has on-site mental health staff.
- DJJ transports youth for medical appointments with external providers.
- Within 24 hours of admission, parents may bring prescriptions to the detention center for their child.

#### Dispositional Options

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

- Probation-Supervision is the status of a delinquent youth placed on community supervision. Youth are supervised by a Juvenile Probation Officer (JPO) based on the order of the court.
- Commitment is when a youth is placed in a program for delinquent youth defined by Florida Statute. These programs range from non-secure to maximum restrictiveness levels.
- Probation – transition and reentry (aftercare) are a state-operated or contracted program that monitors a youth who has been released from a commitment program and is placed on Conditional Release (CR) or Post Commitment Probation (PCP).



### Juvenile Probation- Supervision

- In Volusia County, JPOs have an average caseload of 1:20-25
  - A specialized probation caseload is available for youth who committed sex offenses.
- All staff receive mental health training.

**Table 2.**

*FY2018-2019 & FY2019-2020 DJJ Comprehensive Accountability Report Data*

Program Area	FY2018-2019 % Recidivism	FY2019-2020 % Recidivism
Diversion	11%	9%
JDAP and IDDS	13%	11%
Probation (state operated)	18%	15%
Probation (provider operated)	24%	14%
Day Treatment	28%	23%
Electronic Monitoring	30%	30%
Post-Commitment Probation (state operated)	32%	27%
Post-Commitment Probation (provider operated)	38%	31%

Retrieved from [Comprehensive Accountability Report | Florida Department of Juvenile Justice \(state.fl.us\)](#)

Notably, data in the FY2017-2018 Comprehensive Accountability Report averages 42-46% recidivism for residential commitment (non-secure and high-risk placements).

### Strengths

- The CAT Team will come to court hearings to provide updates on their clients.
- 985 information sharing network between all agencies

### Opportunities for Improvement

- There is a need for mentorship opportunities for court-involved youth.
- Trainings for judiciary and the court personnel on available resources, mental health and substance use signs/symptoms/terminology, and the difference between developmental disabilities and mental health problems may be beneficial.
- Because of the 21-day limit in secure detention, it is difficult to address a youth's mental health needs adequately within this timeframe.

## INTERCEPT 4—REENTRY

### Reentry/Discharge Planning

- Upon release from secure detention and residential treatment programs, youth are provided the remainder of their medications as well as a 30-day prescription.
- The Community Reentry Team (CRT) is comprised of a youth's parents and/or guardian, teachers, counselors, JPO, Halifax, and SMA Healthcare. The CRT convenes to develop the transition plan for youth reentering the community from secure detention and residential commitment programs.

### *Release from Secure Detention*

- Information on release from Secure Detention was not discussed during the mapping.

### *Release from DJJ Residential Commitment Programs*

- Transition planning from residential treatment begins at least 30 days prior to release. School and service needs are examined to create a plan of care. Transition is a collaborative process in which each youth is linked with the appropriate services to successfully re-integrate back into the community following residential placement.
- At least 60-90 days prior to the youth's release from a residential commitment program, the development of the Electronic Educational Exit Plan (EEEP) is initiated between the DJJ Program Educational Representative and the School District DJJ Transition Contact. The information within the EEEP is valuable to the CRT discussion regarding the youth's most appropriate educational placement upon release.

### Strengths

- Prior to release, the CRT schedules mental health and substance use treatment appointments.
- There is ongoing collaboration between Volusia County Schools and DJJ when a youth is transitioning back into the community from secure detention and residential commitment programs.

### Opportunities for Improvement

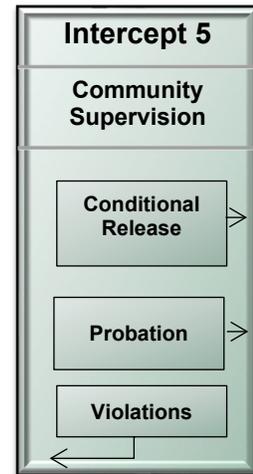
- There is a need for opportunities to connect parents to intensive services to address needs in the home prior to a youth's release from secure detention or residential commitment programs.
- There is an opportunity to address low engagement rates of treatment services following release through telehealth appointments during school hours in media centers.



## 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. For youth with mental health and substance use needs, DJJ probation refers for services through community-based and contract providers. Contracted providers include TrueCore, AMIkids, Redirections (Chrysalis Health), Progressus, Rite of Passage, First Coast Management, Psych Resources, VCSO. The JPO shall refer the youth and parent(s)/guardian(s) to the appropriate service(s) as identified through the Community Assessment Tool (CAT) and provide support and follow-up to ensure the completion of sanctions and goals in the Youth Empowerment Success (YES) Plan. 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 with YES Plan sanctions and goals.



### Community Services

*Mobile Response Team (MRT) operated by SMA Healthcare (see Intercept 0 for full description)*

*Community Action Team operated by Halifax (see Intercept 0 for full description)*

*Pace Center for Girls Volusia-Flagler*

- Pace provides counseling and education in a nurturing environment for girls between 11-17 years old, at least one year behind in school, with at least 3 of the following risk factors: foster home placement, substance use (by girl or family member), domestic violence, incarceration of a family member, neglect, physical/emotional/sexual abuse, grief, emotional health concerns, or low income.

*CareerSource Flagler Volusia*

- CareerSource offers employment assistance for older youth and young adults and participates in the DJJ reentry staffing.

*HOPE HOUSE*

- The HOPE HOUSE is an initiative of Food Brings Hope that operates to provide unaccompanied youth enrolled in Volusia County Schools with a safe and stable living environment.
- HOPE HOUSE also offers services including mentoring, transportation, nutritional training, higher education counseling, and medical services.

*Project Connect*

- Project Connect is contracted by the Department of Juvenile Justice (DJJ) to provide transitional services in the north region of Florida for youth who are making the transition from residential commitment programs back into their communities under conditional release or community probation.

### *Derbyshire Place*

- Derbyshire Place is a faith-based community center that supports education, recreation, and spiritual development.

### *The House Next Door*

- The House Next Door provides family education, support, and counseling programs to children and families in the school, community, and in the home.

### Strengths

- There is potential to engage natural supports in the community such as faith-based organizations.

### Opportunities for Improvement

- There is a need for transitional housing within Volusia County.
- Transportation acts as a barrier to services for youth and families as Volusia County is larger and travel time to providers varies.

## VOLUSIA COUNTY PRIORITIES FOR CHANGE

At the end of the mapping, 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 September 23, 2021. The top four priorities are identified in bold text.

Priority Area	Votes
<b>Juvenile Assessment Center</b>	<b>19</b>
<b>Parent/Family Engagement + Training</b>	<b>18</b>
<b>Coordination of Care Coordination/Case Managers</b>	<b>13</b>
<b>Identifying &amp; Coordinating Crisis Services</b>	<b>9</b>
Increased Respite	7
Integration of Services in School	7
Front-end Provision of Services upon Arrest/ Law Enforcement Context	7
Youth Peers/Mentors	4
Universal Consent (info sharing)	3
Increasing Engagement of Natural/Informal Supports (faith, medical, etc.)	3
Long Wait Times (service access + LE with DJJ response)	1
Workforce Development	1
Promoting Mental Wellness/ Resiliency (prevention focus)	1
Awareness & Education (stigma, DD vs. MH, resources)	0
Technology (telehealth, text line, coordinated alert system)	0
Increased CIT Training/ Refreshers for LE	0
Continuation of Services for Youth Awaiting Placement	0

## VOLUSIA 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. 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.

# Volusia County Action Plan

Priority Area 1: Juvenile Assessment Center (JAC)				
Objective	Action Step	Who	When	
1.1	Collect data to demonstrate need for JAC.	<ul style="list-style-type: none"> <li>To identify key data points to determine the needs of JAC e.g. number arrests, number of youth at risk of DJJ involvement, CINS/FINS, DJJ logs</li> </ul>	VCSO SMA CPC	Now
1.2	Refine existing plan for JAC based on data.	<ul style="list-style-type: none"> <li>To determine target population based on data</li> </ul>	VCS	0-6 months
1.3	Develop proposal to seek grant funding.	<ul style="list-style-type: none"> <li>To develop a proposed JAC budget, basic vs. dream budget</li> <li>To explore existing grant opportunities:               <ul style="list-style-type: none"> <li>LSF block grant (2 year), 1.9 mil MH, initial non-capital</li> <li>ARPA (NOFA), 3-year, 2.5 mil</li> <li>DCF Reinvestment grant, 1.2 mil</li> </ul> </li> </ul>	DJJ DCF HBS LSF Community providers AHCA/Medicaid	0-6 months
1.4	Initiate and explore site development plans.	<ul style="list-style-type: none"> <li>To review JAC plans initially developed by VSO</li> <li>To discuss outreach components, system navigators and family engagement components</li> <li>To explore non-traditional JAC models: family resource center model for JAC, full service, school presence in JAC, co-location, potential for hubs across counties at provider partner locations</li> <li>To explore possibility of in-kind match from Volusia County Schools, school board buy-in already</li> </ul>		6-12 months

Priority Area 2: Parent/Family Engagement & Training				
Objective		Action Step	Who	When
2.1	Develop subcommittee for parent and family engagement and training.	<ul style="list-style-type: none"> <li>To ensure all relevant stakeholders are invited, with a focus on prevention and early intervention</li> </ul>	Family Engagement Advisory Board/Healthy Start	October Meeting
2.2	Research best practices to meet needs of target population	<ul style="list-style-type: none"> <li>To identify target population of families/parents</li> <li>To meet with Federation of Families and similar organizations to learn about engagement and empowerment models               <ul style="list-style-type: none"> <li>Community Organized Family Interventions/Issues (COFI) model</li> </ul> </li> <li>To exploring data piece regarding number of transition-age youth</li> </ul>	FEAB	
2.3	Engage parents and professionals.	<ul style="list-style-type: none"> <li>To identify training approach</li> <li>To educate and train both parents and professionals collectively to foster relationships.</li> <li>To meet with school district to identify opportunities to create a formal referral process between schools and parent-serving organizations</li> <li>To inventory existing meetings that parents are already attending and engage parents at these meetings               <ul style="list-style-type: none"> <li>E.g. CAT team drop-off</li> <li>To leverage Title 1 Schools parent liaisons</li> <li>To engage school advisory councils</li> </ul> </li> <li>To conduct outreach to Residential Council Meeting at the Daytona Beach Housing Authority in order to reach additional parents</li> </ul>		

**Priority Area 2: Parent/Family Engagement & Training**

Objective		Action Step	Who	When
2.4	Create a training and education plan	<ul style="list-style-type: none"> <li>To present and solicit feedback from Family Engagement Advisory Board</li> <li>Develop family engagement plan for professionals</li> <li>To identify existing resources around training</li> <li>To conduct a needs assessment to identify gaps in available and accessible training</li> </ul>		
2.5	Identify a process for continuous family/parent feedback	<ul style="list-style-type: none"> <li>To conduct outreach/follow up with families to identify true needs</li> <li>To identify necessary incentives required to engage families/youth</li> </ul>		
2.6	Explore youth mentoring and youth peer support programs	<ul style="list-style-type: none"> <li>To conduct outreach to South Florida Youth MOVE and Youth MOVE National to learn about opportunities</li> <li>To establish regular Youth Advisory Council schedule</li> </ul>		

**Priority Area 3: Coordination of Care Coordination/Case Management**

Objective		Action Step	Who	When
3.1	Establish workgroup/taskforce around care coordination.	<ul style="list-style-type: none"> <li>To invite key stakeholders and convene initial taskforce meeting</li> <li>To create understanding of existing care coordination in Volusia County across the providers/systems</li> </ul>	Community Partnership for Children- Danielle Antoine  DCF- Patty Medlock  Children's Home Society- Kymberly Cook	Within 30 days Initial planning call 9/24
3.2	Learn from other care coordination entities.	<ul style="list-style-type: none"> <li>To determine eligibility requirements of all programs to avoid duplication</li> <li>To learn more about care coordination models, reach out to Healthy Start</li> <li>To examine resources that may be available through a future JAC e.g. "child &amp; family hub"</li> </ul>		
3.3	Explore existing data.	<ul style="list-style-type: none"> <li>To review school system data and prevention factors to focus on early intervention efforts. E.g. number of tier 2 students in Volusia County</li> </ul>		
3.4	Create a plan to incorporate family feedback.	<ul style="list-style-type: none"> <li>To identify parents with assistance from DJJ, Family Engagement Advisory Board</li> <li>To reengage NAMI in Volusia County</li> </ul>	DJJ Family Engagement Advisory Board NAMI	
3.5	Promote provider awareness and education.	<ul style="list-style-type: none"> <li>To meet with agency leadership to gather information and share information about existing resources and goals</li> <li>To meet with school district and task force members be responsible for subcommittee meetings</li> </ul>		

**Priority Area 4: Identifying Coordinated Crisis Services**

	Objective	Action Step	Who	When
4.1	Define what a crisis means for child-serving system in order to align goals.	<ul style="list-style-type: none"> <li>To define crisis for each system: law enforcement, schools, Florida Department of Children and Families, and DJJ</li> <li>To define the goals of each organization when a youth is in crisis: de-escalation</li> <li>To convene a meeting including all stakeholders who attended the SIM (including funders, primary healthcare providers, VSO, DJJ) to discuss these definitions and the potential to inform the system goals with data</li> </ul>	DCF	October – December 2022
4.2	Create a map for the continuum of care: crisis.	<ul style="list-style-type: none"> <li>To invite pediatricians/primary healthcare providers, faith-based groups, and other community organizations</li> <li>To determine where aftercare occurs for the target population of youth e.g. Wraparound, Boys &amp; Girls Club</li> <li>To explore the possibility of implementing a universal consent form/process for all parties/organizations involved in a youth’s care to communicate regarding a youth’s needs.</li> </ul>	Behavioral Health consortium	Q1 & Q2 2022
4.3	Initiate data collection across Volusia County child-serving systems.	<ul style="list-style-type: none"> <li>To begin conversations regarding data collection to explore what is working, and identify existing gaps</li> <li>To research how to share data across systems</li> <li>To identify high utilizers (top 10 youth) in order to conduct case studies and determine what the most immediate needs are for the high utilizers</li> </ul>	Behavioral Health Consortium VSO Volusia County Schools Courts	Q1 & Q2 2022

**Priority Area 4: Identifying Coordinated Crisis Services**

Objective		Action Step	Who	When
4.4	Leverage technology to enhance communication of youth needs/crisis.	<ul style="list-style-type: none"> <li>To determine key stakeholders for technology initiatives in Volusia County</li> <li>To conduct an inventory of available technology (text line, phone applications for youth, families, and providers)</li> <li>To determine how providers can communicate</li> <li>To explore <a href="#">Handle with Care Initiative</a>: a dashboard for law enforcement and schools to inform of system involvement outside of school hours</li> </ul>	Volusia Schools	Q1 & Q2 2022
4.5	Emphasize family voice and choice.	<ul style="list-style-type: none"> <li>To include youth and families in crisis systems planning</li> <li>To emphasize quality of services and supports over quantity of services</li> </ul>		

## QUICK FIXES / LOW-HANGING FRUIT

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are changes that can be implemented with only minimal investment of time and little, if any, financial investment. At the same time, quick fixes can have a significant impact on the trajectories of youth with mental health and substance use disorders in the justice system. The bulleted items below are activities identified by the TAC that appear to be a “quick fix” that may be explored in addition to implementation of the action plan.

- There is an opportunity to engage NAMI in conversations regarding this target population of youth with mental health and substance use problems with justice involvement.
- Engage a system champion to lead the charge in advocating for youth with behavioral health disorders involved in the justice system (e.g. Youth Ombudsman).
- Review existing stakeholder groups and community plans to ensure that there is coordination across groups and plans to prevent duplication of efforts.
- Leverage relationships with non-traditional partners and natural supports (e.g. faith-based, pediatric care) to provide community-based services for youth with mental health and substance use problems.
- Facilitate a discussion on reentry planning to illustrate when reentry planning begins (30/60/90 days prior to release) when youth are coming back into the community and ensure that all community partners are invited to the table.
- Explore opportunity for co-location of services in schools to address no-show rates and loss to follow-up.
- Examine roadblocks concerning Medicaid eligibility for youth when they are reentering the community following secure detention and/or DJJ residential commitment programs.

## PARKING LOT

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the “parking lot”. Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in Volusia County for further discussion include:

- Services for transition-age youth (adolescence to young adulthood)
- Leveraging youth of recovery schools
- Addressing challenges with systems for youth with developmental disabilities
- High-Fidelity Wraparound approach to services

## 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) Promote awareness and relationship building among key stakeholders. Formalize boundary spanner relationships.
- 2) Identify opportunities to conduct training and education throughout the system on the difference between behavioral health and behaviors associated with developmental disabilities.
- 3) Explore opportunities to identify high risk cases and conduct case study review of service gaps and needs.
- 4) Consider use of High-Fidelity Wraparound to address high-risk case needs and collaborate with Sunshine Health to understand financing of HFW through Medicaid.
- 5) Explore opportunities to use EPSDT benefit for coverage of medically necessary services.
- 6) Enhance mobile response team and promote use among law enforcement.
- 7) Consider collaborating with local Prevention Coalition to explore marketing and campaign opportunities to address stigma at all levels (e.g.: promoting help seeking, positive community norms campaigns, promoting person-first language with providers and law enforcement, reducing resistance to services).
- 8) Identify opportunities to leverage existing early intervention efforts that promote trauma informed care and opportunities for collaboration among law enforcement, providers, and schools (e.g. Handle with Care, Strength to Succeed).
- 9) Develop annual CIT refresher/advanced training for all CIT trained officers. This should be an 8-hour training that focuses on specific areas of interest and need for the CIT officers, in particular youth issues. This training should also review de-escalation skills and community resources.
- 10) Create a mechanism for case management services among various stakeholders to be coordinated when serving the same youth. Consider a monthly meeting of community case managers to discuss complex cases and work on coordinated solutions.
- 11) Explore ways to reduce the time it takes for DJJ to authorize a citation or detention so that the law enforcement officer is not kept out of service with the youth waiting for a decision. Also, consider giving law enforcement more authority in issuing citations and then have the DJJ citation coordinator follow up with the youth.
- 12) For focusing resources and efforts on high-risk youth, the community of providers and other stakeholders need to have a shared definition of what constitutes 'high-risk' – who is your target population. Also, consider a shared definition of 'at-risk' youth for early intervention.

- 13) Create a data group to examine data being gathered among the various stakeholders that serve youth and how this data is or is not being used. This group could determine key data elements to gather related to 'high-risk' and/or 'at-risk' youth and make sure this information is shared and used across the service system that is working with this subset of youth. Data should help organizations better identify and serve youths to reduce recidivism and/or moving further into the criminal justice system.
- 14) Review how key provider groups currently share information to assist 'high-risk' and/or 'at-risk' youth and examine ways to expand and improve information sharing.
- 15) Utilize the monthly Local Review Team meetings to review the progress and increase service collaboration for high-risk youth to ensure areas of need are being provided and/or addressed.
- 16) Provide opportunities for school based and community based mental health providers to engage in joint professional development training and mutual exchange of information to increase understanding of the unique services they provide to children and families.

The CJMHSA TAC is available for consultation as Volusia 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](http://www.floridatac.org)

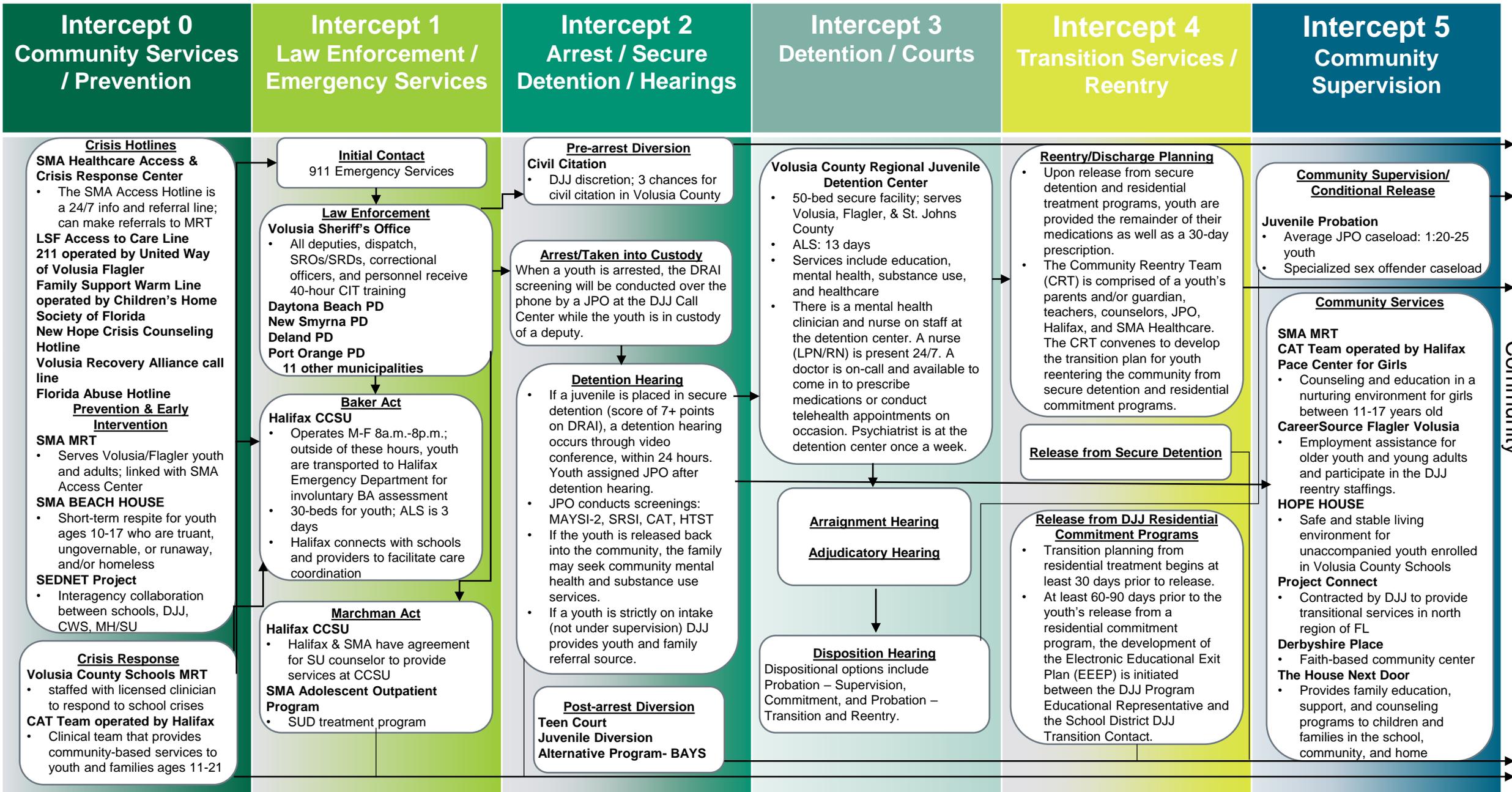
For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

Abby Shockley, MPH, Director, CJMHSA TAC at [ashockley1@usf.edu](mailto:ashockley1@usf.edu)

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# Juvenile Sequential Intercept Map: Volusia County, Florida



## APPENDIX A: PARTICIPANT LIST

Name	Organization
Danielle Antoine	Community Partnership for Children
Niki Arnau	JPO Supervisor, DJJ
Carrie Baird	CEO, One Voice Volusia
Julie Barrow	SEDNET Manager, FL DOE
Shelby Best-Abramowitz	Family Safety Specialist, DCF
Diana Burgus Garcia	Agency for Persons with Disabilities
Victoria Camper	Healthy Start
David Clapp	COO, LSF Health Systems
Kymerly Cook	Children's Home Society of FL
Maggie Cveticanin	SAMH Director, DCF
Kristin DePaula	Managing Asst. State Attorney
Dr. Amanda Ellzey	Behavioral Initiatives Specialist, FL DOE
Assistant Secretary Erica Floyd-Thomas	DCF
Detective Jan Gardner	Detective, VSO
The Honorable Judge Gaustad	Judiciary
Christy Gillis	Comm. Development Admin., DCF
James L. Gillis, Jr.	City Manager, City of South Daytona
Jess Hanak-Coulter	Casey Family Programs
Allison Hughes	Division Chief, Public Defender's Office
Antraneise Jackson	DCF
Deputy Royce James	VSO
Megan Jeffrey	Community Partnership for Children
Lynn Kennedy	Florida Department of Health Volusia County
Colleen Kirvan	ESS. Asst. Principal, FL DOE
SRD Justin Lococo	School Resource Deputy, VSO
Michelle Marrero	Community Partnership for Children
Patricia Medlock	Director of Business Alignment, DCF
Bridget Orey	Supervisor, DJJ

Name	Organization
Pam Palmer	Program Manager, SMA Healthcare
Craig Pender	Coordinator of Student Svcs, FL DOE
Toby Pina	Director of CM CW, Sunshine Health
Heather Prince	Volusia County Schools
Carla Quann	Director of Juv. Services, VSO
Miquel Rodriguez	Exec. Director, Derbyshire Place
Lue Sammon	Nurse Manager, Halifax
Cindy Sutton	Circuit 7 Judicial Asst.
Liesta Sykes	ESS Director, DCF
Thomas Vaughan	Director of Student Svcs, FL DOE
Felicia Walker-Williams	CAT Administrator, Halifax
Kate Williams	Family & Comm. Services Director, DCF

# APPENDIX B: VOLUSIA COUNTY DATA SNAPSHOT

This appendix summarizes publicly available data concerning Volusia County, Florida youth demographics, schools, substance use, mental health, and criminal justice indicators. The following data was presented in the introduction PowerPoint at the beginning of the SIM workshop and collected from the Florida Department of Children and Families, and Volusia County stakeholders, and web resources.

## Racial Ethnic Disparities Benchmark Report

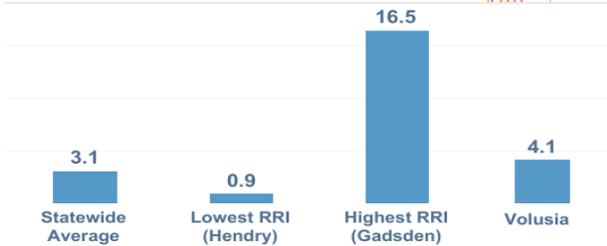
Figure B1. Volusia County FY2019-20

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

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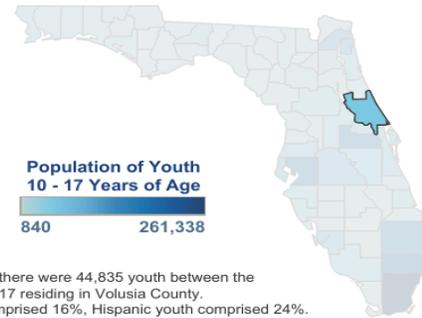
### Volusia County FY 2019-20

#### Black Youth RRI Scores (Arrests)



Arrest RRI	Ranking
4.1	25

Click on the map to filter by county



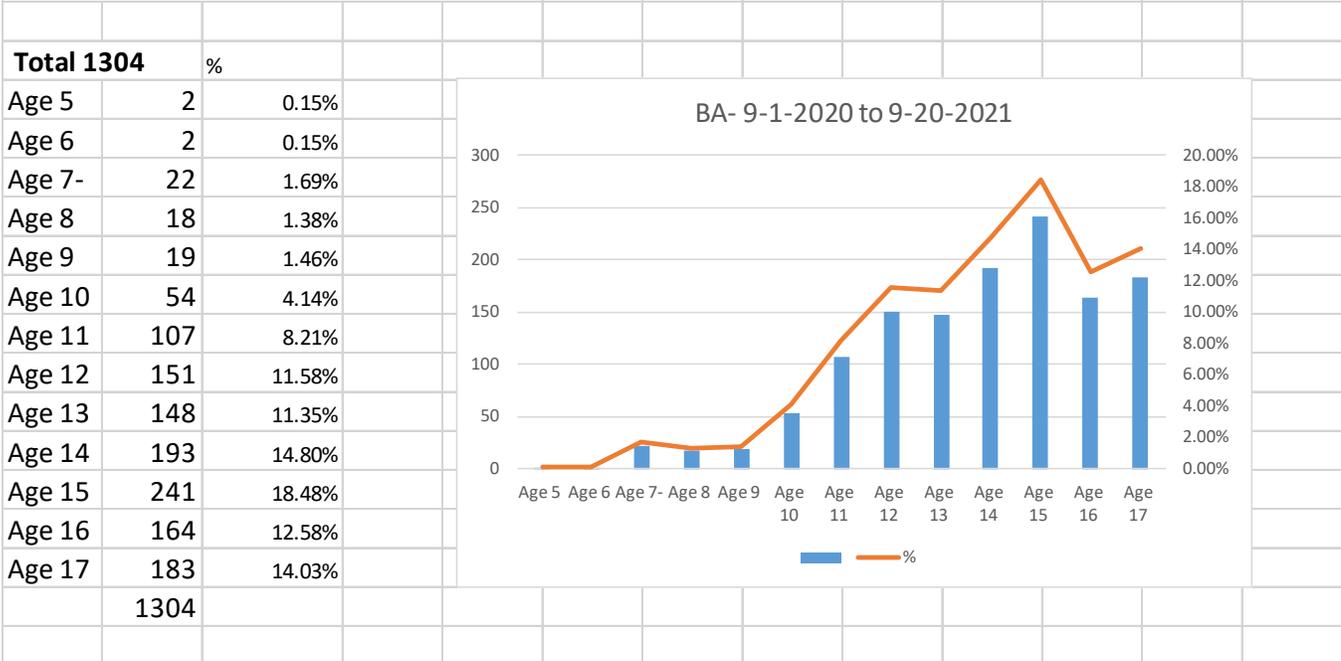
		Black	White	Hispanic	Other
Juvenile Population (Age 10 - 17)	44,835	15.9%	57.2%	24.2%	
Juvenile Arrests	1,456	47.3%	41.4%	11.1%	
Petitions	558	51.1%	39.1%	9.7%	
Adjudications	376	52.4%	38.3%	9.0%	
Diverted	385	43.4%	45.5%	10.9%	
Probation Supervision	331	52.6%	37.8%	9.4%	
Residential Commitment	53	43.4%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

Retrieved from <https://www.djj.state.fl.us/research/reports-and-data/interactive-data-reports/disproportionate-minority-contact-reports>

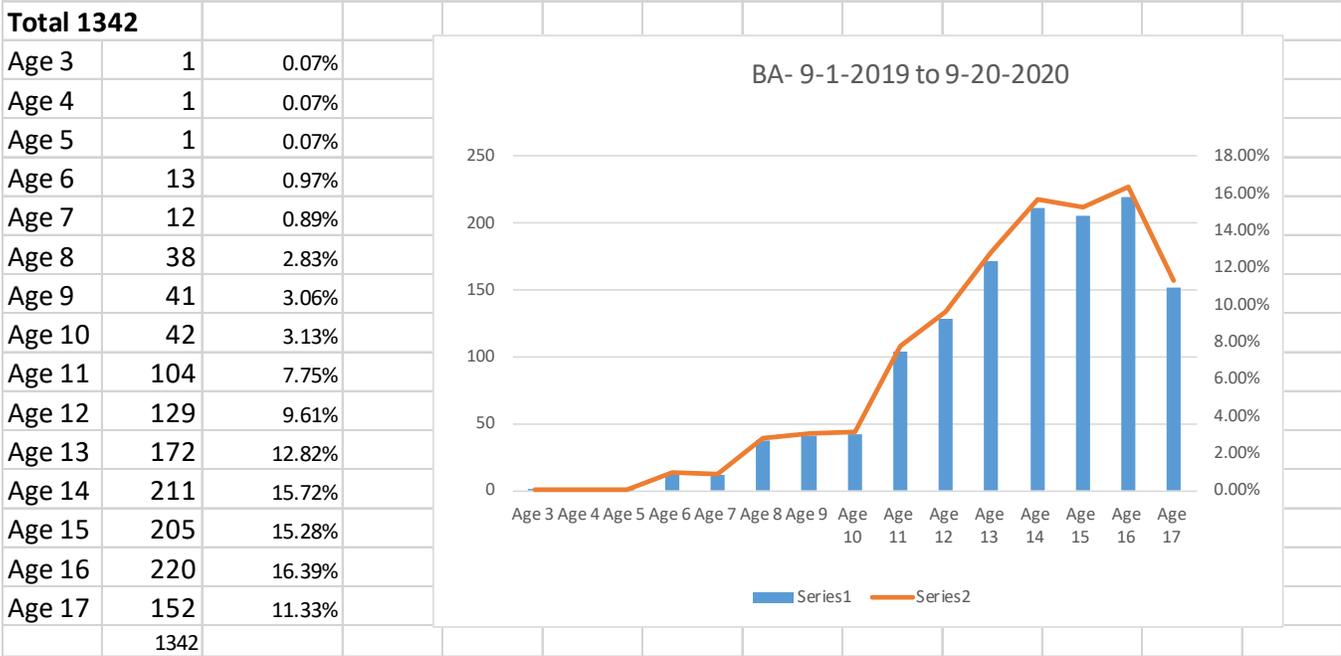
Children’s Baker Act Data: Volusia County, Florida

**Figure B2. Children’s Baker Act Data by Age: Two-Year Comparison**

**Past 13 months. 9-1-2020 to 9-20-2021**

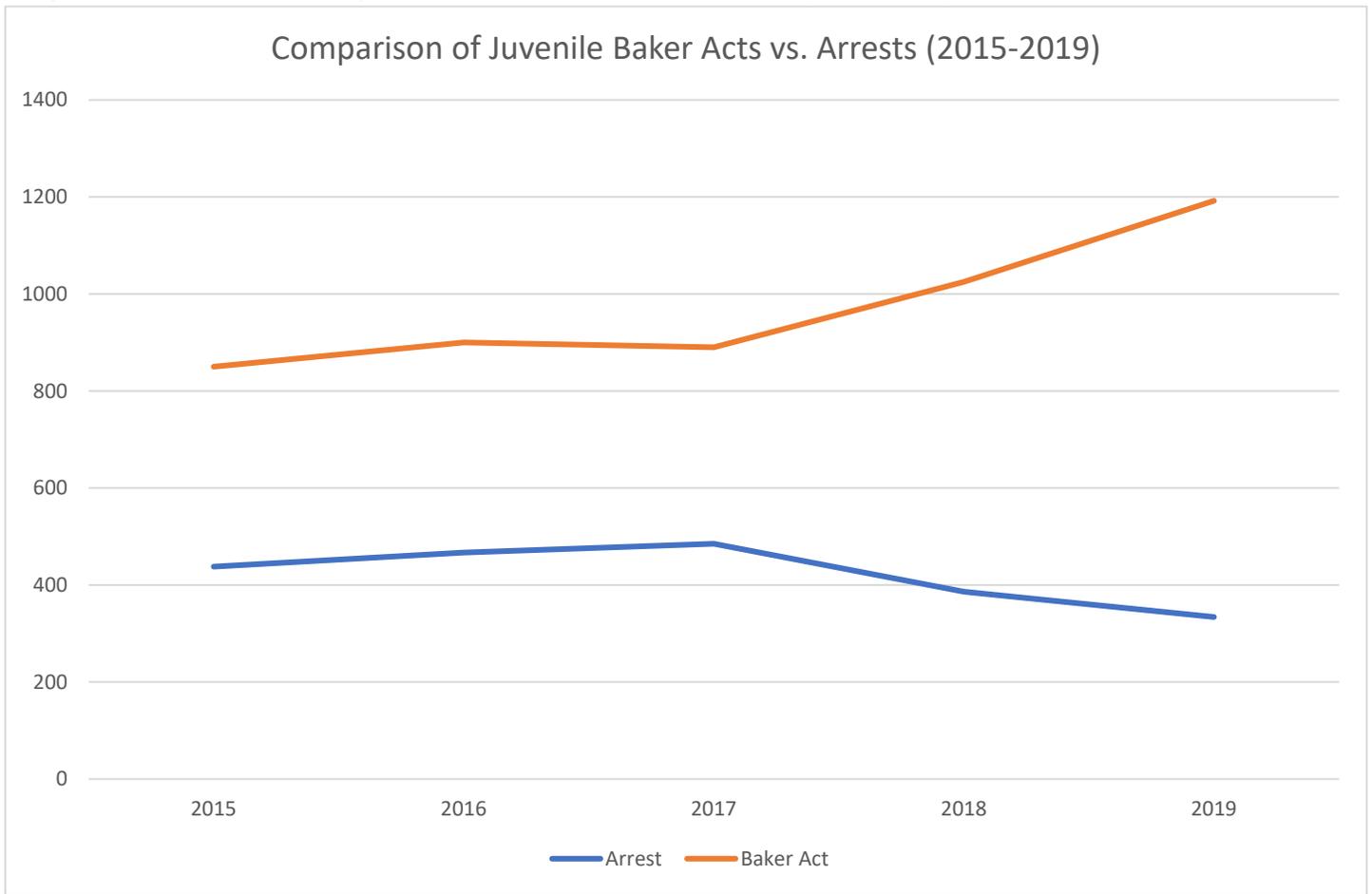


**Date Range 9-1-2019 to 9-19-2020**



The information above was provided by the Florida Department of Children and Families.

**Figure B3. Volusia County Juvenile Baker Acts vs. Arrests (2015-2019)**



*Data for this figure was retrieved from the Florida Department of Juvenile Justice and the Florida Department of Children and Families.*

**Figure B4. FY2020-21 SMA Healthcare Mobile Response Team Data: By Month**

Month / Year	# Calls	# Calls Originated from a School **	Referral Source (parents, law enforcement, residential treatment settings, etc.)	# Calls with Acute Response ***	Of the Calls with Acute Response, # Calls that result in Involuntary Examination ****	Of the Calls with Acute Response, # Calls Diverted from an Involuntary Examination ****	Average Response Time for Emergent Situation
July 2020	6	-	Parent/Guardian, Other	6	-	6	16.83
August 2020	5	-	Parent/Guardian, Other	5	-	5	46.60
September 2020	10	-	Parent/Guardian, Other, Law Enforcement	10		10	53.70
October 2020	8	-	Parent/Guardian, Other, Law Enforcement	8	2	6	52.25
November 2020	9	-	Parent/Guardian, Other	9	1	8	51.56
December 2020	7	-	Parent/Guardian, Law Enforcement	7	0	7	52.71
January 2021	7	-	Parent/Guardian, Other	5	0	5	64.17
February 2021	13	1	Parent/Guardian, Law Enforcement	12	1	11	51.15
March 2021	10	-	Parent/Guardian, Other, Law Enforcement	10	2	8	46.10
April 2021	5	1	Parent/Guardian, Other	5	1	4	51.00
May 2021	7	-	Parent/Guardian, Other, Law Enforcement	7	1	6	41.57
June 2021	13	-	Parent/Guardian, Other, Law Enforcement	11	1	10	41.31

\*\* Schools include K-12 educational settings, colleges, universities, etc. Calls received from any school personnel, including the school resource officer, would be captured.

\*\*\* An acute response is defined as an emergent or urgent situation wherein a face-to-face, telehealth, or telecommunication intervention is required.

\*\*\*\* These two cells, when added together, should equal the number in the cell of "How many calls required a response."

## 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://www.addiction.com/a-z/samhsas-national-clearinghouse-for-alcohol-and-drug-information/>

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	<a href="http://bakeract.fmhi.usf.edu/">http://bakeract.fmhi.usf.edu/</a>
Council of State Governments (CSG)	<a href="http://www.csq.org/">http://www.csq.org/</a>
CSG Justice Center	<a href="https://csqjusticecenter.org/">https://csqjusticecenter.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 Council for Behavioral Health	<a href="https://www.thenationalcouncil.org/">https://www.thenationalcouncil.org/</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>