

## Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping workshop held in Duval County, May 19-20, 2016. The workshop was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

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

## Background

- ™ Creating a map of the points of interception among all relevant systems
- ™ Identification of resources, gaps, and barriers in the existing systems session.

## Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how juveniles with mental illness, substance abuse and co-occurring

reference in reviewing the Duval County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

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

¾ Identified Strengths and Resources

Crisis Intervention Training (CIT)

- ” Child Guidance Center provides CIT training for officers who come into contact with juveniles ( i.e. street officers and juvenile detention officers)



- f* Intensive community based services utilizing wraparound team process to coordinate care that includes guardians, formal and informal support systems
    - f* Youth must have a severe emotional disturbance with recent Baker Act history
    - f* Youth referred from crisis stabilization units
  - „ Delores Barr Weaver Policy Center (DBWPC) Prevention Programs
    - f* Girl Matters: in-school suspension intervention program, individual skills building and care management for girls at risk of suspension (served 101 girls in 14-15 school year)
    - f* Groups for girls in schools: girls in alternative school have access to individualized intervention, intended to decrease the experience of disconnection from school environments

¾ Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)

- „ Sherriff's office does not offer CIT training to the municipalities
  - f* Each municipality has their own training

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## Intercept III: Jails / Courts

### ¾ Identified Strengths and Resources

Specialty Courts: Juvenile Drug Court, Girls Court, Crossover Court, Teen Court

#### Juvenile Drug Court

- „ Referred to this court via conditions of diversion or probation
- „ Failure when juveniles who are placed in this court have a serious drug problem

#### Girls Court

- „ Still a work in progress, difficult to identify girls for this court
- „ Court is intended for: at risk girls who are possibly pregnant or parenting
- „ PACE Center for Girls provides counseling for the day program
- „ You may enter into the PACE school through this court
- „ Provides alternatives such as keeping a mother out of jail and keeping a girl out of jail or secure detention

#### Crossover Court

- „ “Collaborative Justice Model”
- „ 70 active cases at any given time
- „ Need based
- „ 4-5 transfers from regular court to Crossover Court monthly

#### Teen Court

- „ PACE Center for Girls: provides counseling (at school or at home)
- „ Middle school-high school aged youth, can be enrolled at any school
- „ Not an actual court, rather a diversion program
- „ Peers decide whether the youth is culpable and what the punishment should

#### Diversion Program

- „ Diversion programs currently exist and are coordinated by the State Attorney’s Office (SAO)
- „ Duval County has the Youthful Offender Program, which is internally funded
- „ Can be diverted pre or post arrest
- „ The law enforcement officer can make the suggestion that the youth should be diverted
- „ Very individualized diversion plans
- „ 70 youth per month are diverted
- „ If the youth does not comply with the terms of the program, the SAO decides whether they want to press charges or not (usually during arraignment)
- „ No sex offender diversion available (sex charges are not filed immediately so the SAO has time to get a doctor involved and offer an alternative to sex offender charges)
- „ High percentage of children with SAMH problems

#### DBWPC Diversion Course by SAO

- „ Psycho-educational Groups in Diversion
  - f* Two-hour monthly course facilitated for girls that have committed a first time misdemeanor offense
  - f* Diverted from the juvenile justice system by the SAO
  - f* Served 89 girls in 14-15 school year

### Respite Beds

- „ Mental health respite beds funding available through LSF Health Systems (new program)
- „ Used by mental health stakeholders in the community
  - f* 2 week maximum stay, temporary holding
- „ LSF Health Systems is the managing entity, must make a request through LSF who approves bed

### ¾ Identified Gaps – Jails/Courts (Intercept 3)

- „ Problems with Crossover Court- not always a unified plan
- „ Housing problems because the youth are offenders (i.e. domestic violence, prostitution) yet still need a place to live
- „ Judge has limited services for the youth in specialty courts
  - f* No beds or resources dedicated specifically to the specialty courts
  - f* No guardians at litem available
  - f* Judge tends to call attorneys at litem to help with this gap in resources
  - f* Need for placement for children with mental health or educational needs
  - f* If no other option available, judge will release the youth to DCF

### Intercept IV: Re- Entry

### ¾ Identified Strengths and Resources

#### Secure Detention

- „ 49% of juveniles go into secure detention while awaiting court
- „ The youths waiting longest for placement are those that are high risk youth
- „ Between 70-100 youth in secure detention at any given time

#### Secure Detention Resources

- „ Education
- „ JAC provides the detention facility with their screenings on youth, but detention center preforms their own screening as well
- „ Mental health services available
  - f* Responsive mental health staff
  - f* No therapeutic continuous service
- „ DJJ contracts with Correct Care Solutions
- „ 3 full time psychologists
- „ Psychiatrist present once a week to prescribe/provide medication
- „ Staff addresses suicidal ideations with the youth



- f* 80-90% of juveniles had an initial indicator of suicide, yet after screening 80% are taken off
- f* For suicidal youth, they are on 24/7 sight and sound care

#### Daniel: Respite Provider

- „ Began operating in March, still in progress
- „ Funded by LSF Health Systems
- „ Facility is a cottage with beds, youth transported to homeschool during the day
- „ Will not accept violent youths (Daniel has the option to accept or deny children with certain criteria)
- „ After respite, children would go home or to the Statewide Inpatient Psychiatric Program (SIPP)
- „ It is not intended for these beds to be a place for parents who no longer want their children, but parents often think it is
- „ 6 beds total
  - f* 3 residential beds that are dedicated to DJJ youth who are being discharged from commitment programs, in need of more beds
  - f* 6 respite beds available to families in need due to a crisis or awaiting a higher level of care (no specific criteria)
  - f* A referral is made to LSF who will approve

#### Residential Treatment

- „ Youth in Crossover Court may go to SIPP
- „ As a condition of probation or release, youth may go to Gateway (contracted with DJJ)
  - f* 65% of residents at Gateway are DJJ stipulated

#### Delores Barr Weaver Policy Center Secure Detention/Residential Groups (DBWPC)

- „ Groups for Girls
  - f* SAVVYY Sister (Safety, Action, Values, Victory, Yes I Can)
  - f* Groups are conducted twice weekly for 2-hours with girls in detention and monthly for girls in Girls' Court
  - f* Served 163 girls in 14-15 school year
- „ **Telemental Health Sessions for Girls in Residential Placements**
  - f* If a girl is committed, the staff at DBWPC continues a relationship with her via a HIPAA compliant web portal arranged in partnership with private residential providers
  - f* Bi-weekly transition contact sessions focused on strengthening the girl's relationships with her family and the community she will return to
  - f* Served 38 girls in 14-15 school year

#### <sup>3</sup>/<sub>4</sub> Identified Gaps – Re-entry (Intercept 4)

- „ Youth are often waiting in secure detention for commitment beds to become available

- „ There are not enough youth to support a therapeutic group home, therefore the only one in the county has closed
- „ In need of more commitment beds
- „ Lack of engagement and transportation barriers are hard for parents to overcome post release
- „ In need of parent support partners, proven to be successful in other areas
  - f Acute need for parent help/programming
- „ Peer support recovery coaches/ system navigator

## Intercept V: Home and Community Supervision and Support

### ¾ Identified Strengths and Resources

#### Community Re-Entry Team (CRT)

- „ Team works with youth on discharge planning
- „ Parents, school board, workforce, juvenile probation officer (JPO), and child attend discharge planning
- „ Typically held 60 days prior to release
- „ JPO works with the family and tries to meet with the family and child within 24 hours of release
- „ Project Connect is in charge of working with linkages
  - f Project Connect helps the youth to get connected to services and opportunities once they are released, but many youth/families will not follow up and connect as they were instructed
- „ JPO will send referrals to possible programs
- „ Daniel is the only program in the area with transitional housing (3 commitment beds, intended for truly homeless youth)
- „ CRT meetings tend to work well as long as the youth follows through
- „ Difficult to follow through with getting a psychiatrist appointment once released because accessing a Medicaid psychiatrist can take months to schedule and an appointment
- „ According to DJJ, post commitment >>BDf 8.04-tSt-7(i)3(n)onore





Priority Area :

Priority Area:  
To Reestablish Early Delinquency Intervention Program (EDIP)  
[Intercept 1]

Objective	Action Step	Who	When
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program (2016) ginal

Priority Area :  
 To Establish a Juvenile Justice Community Action Team (CAT)  
 [Intercept 1]

Objective	Action Step	Who	When
1. To develop the program design and staffing pattern including system navigators  2. To pursue funding in FY 2017 LBR member project	<ul style="list-style-type: none"> <li>• Identify the correct target population (juveniles on probation)</li> <li>• Identify funding sources</li> <li>• Identify revenue streams</li> </ul>	<ul style="list-style-type: none"> <li>• Theresa Rulien</li> <li>• Wendy Hinton</li> <li>• Garry Bevel</li> <li>• Betsy Dobbins</li> </ul>	<ul style="list-style-type: none"> <li>• July</li> </ul>

Priority Area :  
To Develop a Plan for Aftercare Services and Re-Entry  
[Intercept 4]

Objective	Action Step	Who	When
<ol style="list-style-type: none"> <li>1. Identify which services are needed upon reentry</li> <li>2. Identify funding sources</li> </ol>	<ul style="list-style-type: none"> <li>• Establish reentry services such as education, employment, outpatient care, &amp; housing (Project Connect)</li> <li>• Ensure that the child follows the CRT plan (90 days)</li> </ul>	<ul style="list-style-type: none"> <li>• Wendy Hinton- chair</li> <li>• Angela K Hicks</li> <li>• Nelson Willis</li> <li>• Garry Bevel</li> <li>• Betsy Dobbins</li> <li>• Katoia Wilkins</li> <li>• Virgil Wright</li> <li>• Project Connect</li> </ul>	<ul style="list-style-type: none"> <li>• Set date</li> </ul>





## Conclusions : Summary

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

- ™ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (see attached list)
- ™ Second, participants were enthusiastic and candid in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of juvenile

## Resources

Website Resources and Partners	
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Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	<a href="http://www.floridatac.org">www.floridatac.org</a>
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List of Workshop Participants (28 signed in, 4 facilitators )

Kimi Sirdevan	CEO	YCC	Service Provider
Karen Mann	Research Administrator	University of South Florida/FMHI	Research University
Katelind Halldorsson	Research Support Specialist	University of South Florida/FMHI	Research University
Dr. Kathleen Moore	Research Associate Professor	University of South Florida/FMHI	Research University
Mark Engelhardt	CJMHS A TA Center Director	University of South Florida/FMHI	Research University

