WHOSE CHILD IS IT?

2017 Report on Jacksonville Youth Experiencing a Mental Health Crisis

INTRODUCTION

Early identification and treatment can halt the progression of many chronic conditions, including mental illnesses. Because mental illnesses are progressive, like many chronic diseases, they can be managed and acute symptoms almost disappear. Remarkably, when looking at lifetime cases of mental illness, half of all cases begin by age 14.[1] Detection and intervention during childhood is crucial to preventing mental illness in adults.

Identification of symptoms and treatment of mental illness must occur early, and there are many barriers to this. For some children and youth, acute symptoms experienced during a psychiatric crisis become the red flag their parents and caregivers need. For other children and youth, a psychiatric crisis is the first step in a long journey of incomplete treatments, progression of disease, stigma, and co-occurring illnesses.

The Jacksonville System of Care Initiative (JSOCI) improves mental health care for Jacksonville's most vulnerable children and youth. JSOCI recognizes psychiatric hospitalizations as an indicator of our city's care for its most vulnerable children. Mental Health America of Northeast Florida identifies local trends in mental health, and was asked by JSOCI to host a meeting of 40+ mental health professionals to discuss the existing resource grid for families faced with a psychiatric hospitalization of their child. Before the meeting, all contributing agencies were asked a set of questions about their services. Their answers form an Inventory of Services appearing in Appendix A. The purpose of the meeting, held on February 23, was to identify next steps for improving care for children and youth admitted to a psychiatric hospital under the Baker Act law.

The names of professionals who attended and their affiliations are included in Appendix B. They were convened in order to initiate a community-wide effort to reduce the number of psychiatric hospitalizations amongst children. While some participants come from agencies already coordinating care on a regular basis, not all participants are working in a defined system of coordinated care. This project, including the February 23rd community meeting, develops:

- an outline for caregivers of a child's journey through a psychiatric crisis
- an inventory of services and eligibility for mental health professionals
- a list of gaps and barriers for mental health advocates
- next steps for improving care for decision-makers and city leaders

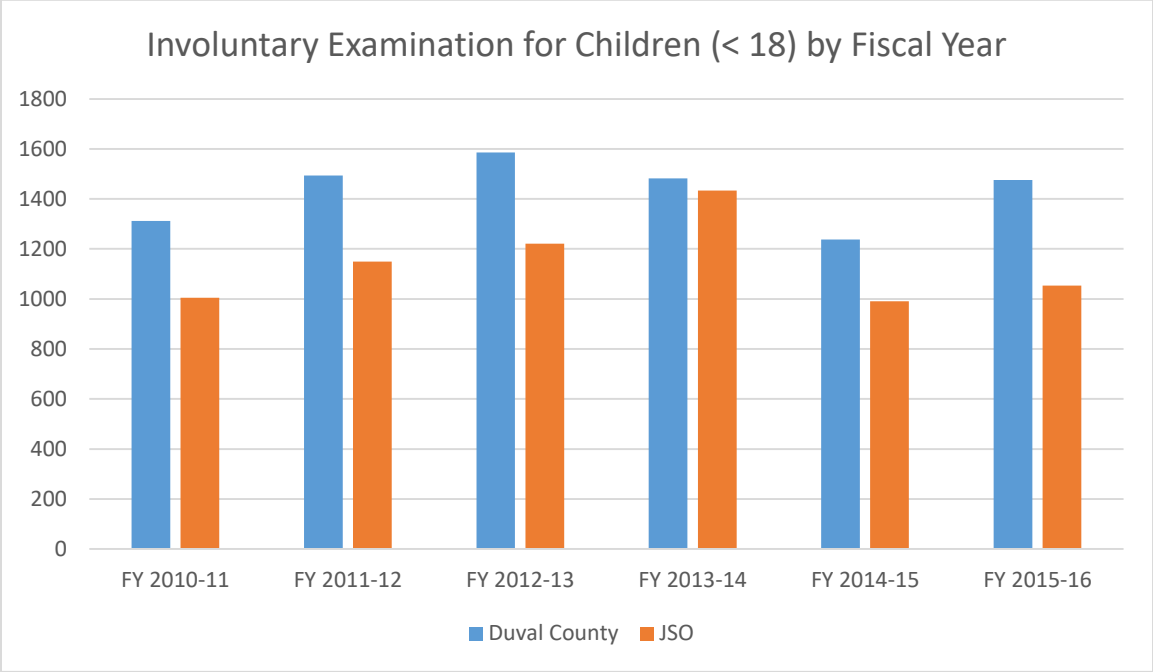
As a starting point, participants attending the community meeting, reviewed data and discussed the current grid of resources available to children and their families.

BAKER ACT LAW AND PYSCHIATRIC HOSPITALIZATIONS

According to local data, each year approximately 1,500 children in Jacksonville are involuntarily admitted to a mental health facility for a psychiatric examination under the Baker Act law. The Baker Act is the Florida statute facilitating psychiatric evaluations of people who might harm themselves or others. In Jacksonville, there are three Baker Act receiving facilities for children: Baptist Hospital, Mental Health Resource Center (MHRC), and River Point Behavioral Health.

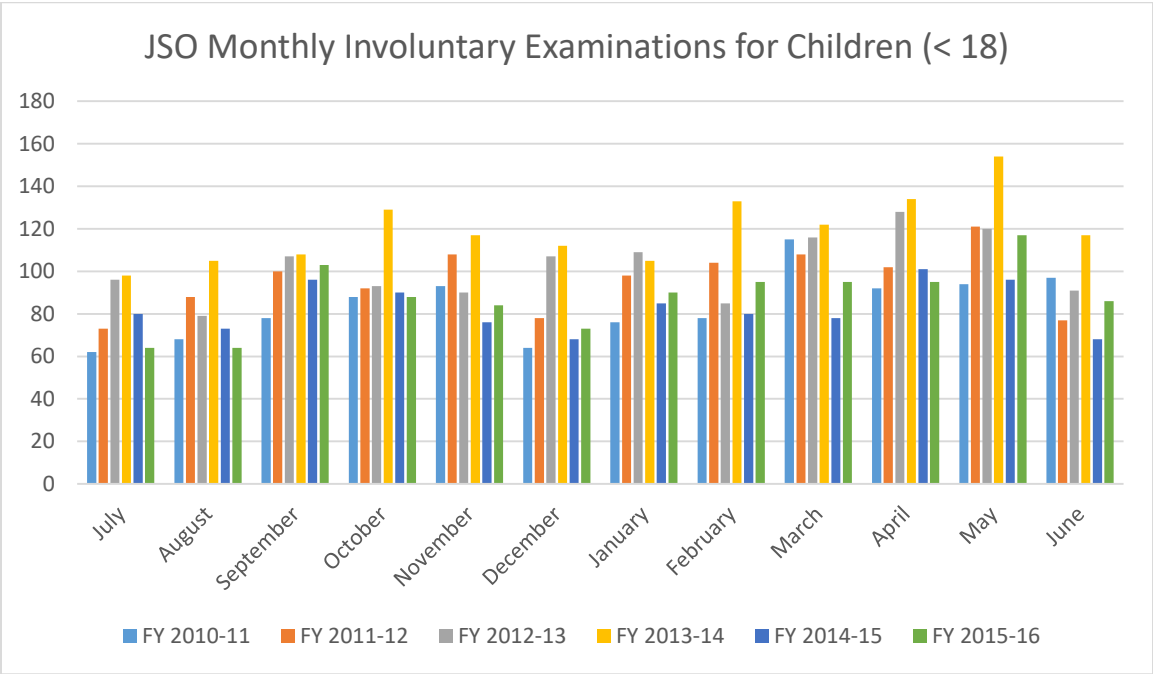
Last year, approximately 1,400 youth and children were involuntarily admitted to a psychiatric facility under the Baker Act. As demonstrated in Chart 1, a majority of them were transported by the Jacksonville Sheriff's Office.

CHART 1



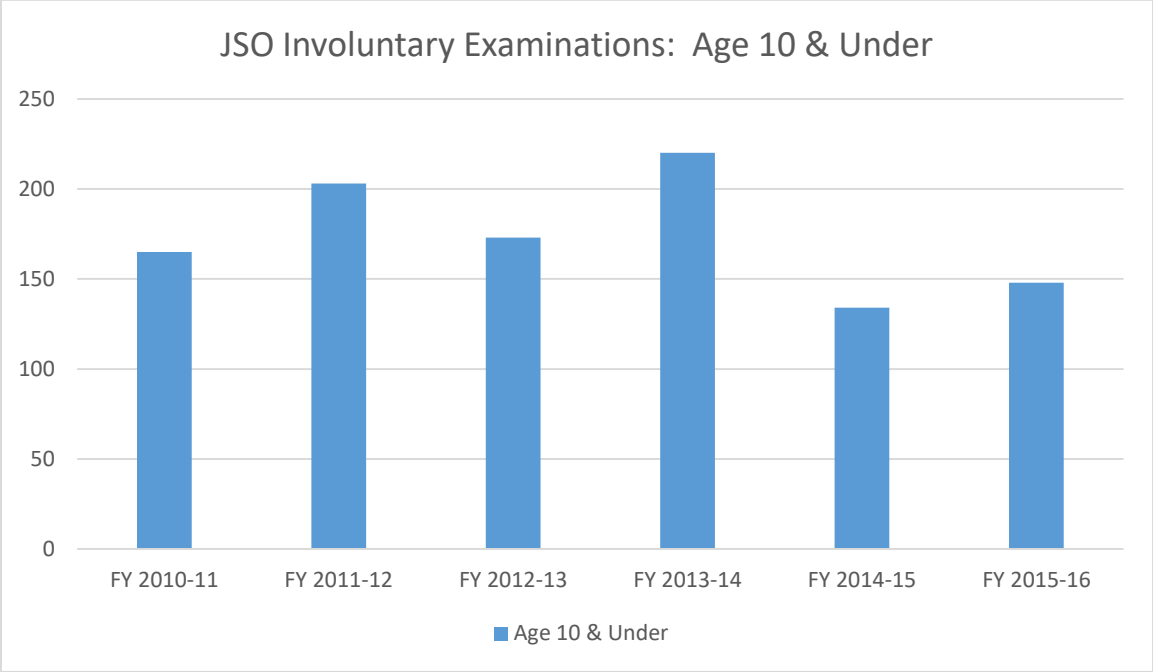
Not surprisingly, Baker Acts amongst children and youth are higher in the months during which school-related stress might be highest: the months of March, April, and May. State assessments, college entrance exams (SATs), and end-of-course exams occur during these months. Chart 2 shows the number of Baker Acts in Duval County by month.

CHART 2



However, Baker Act admissions are not just a response to stressful situations. As with mental health crises amongst adults, the crisis is often an acute symptom of an underlying illness. Mental illness in children presents at early ages. Chart 3 shows that every year approximately 150 Jacksonville children ages 10 and under will be involuntarily admitted under the Baker Act.

CHART 3



A GRID OF RESOURCES

As disturbing as a psychiatric hospitalization is, it is also our city's opportunity to halt the progress of a potential mental illness in a child. The Baker Act law can initiate a series of community actions that potentially changes the course of a child's life. The resource grid is there; it is a powerful system of support that families can use to face the challenges of raising a child in today's world.

Health insurance status makes a big difference when it comes to getting help; other factors influencing access include the presence of substance abuse in the family, child's involvement with juvenile justice, and intellectual or developmental disability. On February 23rd, when Jacksonville mental health professionals met, they identified several systems of social services powering up the resource grid: school-based therapists, child welfare case managers, community mental health professionals, and other wraparound services.

A psychiatric hospital crisis is a test of the collaboration of these systems and the professionals working within them. For each professional committed to the child's health, a child in crisis is considered "their child." And yet, systems are designed for each child to stop being "theirs" as soon as possible. This contradiction led mental health professionals gathered to ask: "Whose child is it?"

For parents, there is no doubt: the child is theirs. A Baker Act initiation also tests parents because they are thrown into a new situation, frequently lacking enough information and know-how for taking care of their child who is (or is not) diagnosed with a mental illness.

When any child experiences a mental health crisis, that is when he or she needs to be everyone's child. Too frequently, it is also a time of confusion and difficulty in which both professionals and parents are not meeting their own expectations for care and treatment. The good news is that mental illnesses in children are our opportunity to directly change the course of a child's life. We can power up Jacksonville's resource grid, plug parents and children into it, and change the lives.

GETTING PLUGGED INTO THE RESOURCE GRID

A child who is enters a receiving facility under the Baker Act moves through stages of care. The graphic below shows four stages:

CALL FOR HELP	PSYCHIATRIC EVALUATION	DISCHARGE PLANNING	OUTPATIENT SERVICES
Child experiences a mental health crisis and is transported to a Baker Act receiving facility. Partners include: • Rapid Response Team • Jacksonville Sheriff's Office • Caregivers • Residential facilities • Duval County Public Schools (DCPS)	Child is evaluated at either Riverpoint, Baptist, or Mental Health Resource Center.	Child is released with a discharge plan. Partners include: caregivers, residential facilities, community mental health orgs, DCPS, pediatricians.	Child re-enters school, seeking or re-engaging outpatient services. Partners include: behavioral health providers, youth services agencies, Full Service Schools, pediatricians.

Call for help

Public safety dictates that Jacksonville Sheriff Officers transport persons involuntarily admitted to a facility. Many calls that result in a Baker Act admission are initially made to the 9-1-1 emergency number, and the dispatcher will assign the emergency call to a Jacksonville Sheriff Officer JSO who has completed crisis intervention training (CIT).

In addition to JSO, Child Guidance Center (CGC) Rapid Response Team responds to calls for help. These teams place a mental health professional at the crisis, and de-escalation and prevention of a Baker Act is frequent. Only 10-15 percent of CGC rapid response team calls result in a psychiatric hospital admission. CGC Rapid Response Team is available for all children in the community at all hours, seven days a week. According to mental health professionals, they have limited

staff capacity. Sometimes staff are backed up with calls by 10am and cannot respond immediately to calls for the remainder of the day.

Mental health crises in Duval County Public Schools are bound to occur in a school system of 198 schools and nearly 129,000 students. DCPS District Crisis Hotline takes calls from school counselors, administrators, teachers, office staff, and police officers. According to DCPS, 60 percent of calls are due to suicidal and homicidal thoughts, another 30 percent are due to behavior problems, and the remainder involve self-harm or other situations of immediate emergency assistance. If a Baker Act examination results, school social workers are notified in order to accommodate the student's re-entry; other school personnel such as therapists and counselors are also notified. According to school personnel, there has been a steady increase during the past 3 years in District Crisis Hotline calls.

If a CGC Rapid Response Team member is not available when the call is made to the District Crisis Hotline, a decision has to be made by school safety personnel about the child in crisis. School Resource Officers are often called at this time. School Resource Officers and school personnel will only contact JSO when risk or harm is immediate.

A police officer transports children to the nearest Baker Act receiving facility. JSO policy directs police officers to handcuff all persons during transport. In the case of youth going to a receiving facility, the officer accompanies them as far as an intake room and then removes handcuffs, indicating the child is now in custody of the facility. By law, the officer has to take restraints off the youth and must leave the Baker Act facility with the handcuffs. Decisions to restrain the youth during the psychiatric evaluation are made by facility personnel.

Psychiatric Evaluation

Florida law establishes that a Baker Act psychiatric evaluation should take no longer than 72 hours. The average length of stay for all children admitted (both voluntarily and involuntarily) to MHRC is six days; at River Point it is five days; at Wolfson Children's Hospital it is five days. All three facilities have an adequate number of beds to manage children admitted under the Baker Act.

Completing a psychiatric evaluation requires communicating with the child and constant observation and analysis. Some children who are admitted to a Baker Act receiving facility are on the Autism Spectrum. When they are evaluated and given a treatment plan, it is frequently not appropriate to their needs. A child who has a low IQ is similarly vulnerable to poor evaluation and treatment in a Baker Act receiving facility. The services and protocols are not designed to care for youth on the Autism Spectrum and youth with an intellectual disability.

Restraint of children in a Baker Act receiving facility protects the immediate physical safety of the child, facility staff and others. According to Florida Administrative Code (65E-5.180), an order for restraint must be obtained from the physician, Advanced Registered Nurse Practitioner, or Physician's Assistant responsible for the child. Each written restraint order is good for two hours when applied to children ages nine through 17 years. For a child under age nine, a restraint order lasts for one hour. Handcuffs and restraints might cause further trauma in youth who already suffer from a trauma disorder.

In the crisis stabilization unit (CSU), parents are encouraged to make decisions in their child's care. Parents must consent to medication management; they can also sign a release that allows the CSU to notify the child's school. When the child is about to be released, Duval County Public Schools is notified so that school personnel (counselors or therapists) can coordinate care. If the child attends a school within the Full Service Schools (FSS) feeder pattern, follow-up therapeutic services can be provided at the FSS site.

When it comes to crisis services, the child's health insurance status does not affect their care. Whether the child lacks health insurance, has private insurance, or Medicaid, they will receive the same level of care. However, the Managed Medical Assistance (MMA) program does not facilitate the concept of a medical home. In a crisis, parents whose children are on Medicaid frequently cannot identify their child's primary care physician.

Discharge planning

In contrast, planning for discharge is heavily influenced by insurance status. Some children in Jacksonville do not have health insurance because:

- their family income is too high for them to be eligible for Medicaid.
- private insurance is unaffordable

In Florida, an estimated 7% of all children are uninsured.[2] Using 1,500 as the annual number of children admitted for an emergency psychiatric evaluation, it is possible to estimate the number of children annually who are uninsured. Approximately 105 children in Jacksonville are uninsured and experiencing a psychiatric emergency each year. While several community mental health agencies in Northeast Florida accept patients who lack insurance, many of the estimated 105 children will not receive adequate treatment. This results in a painful cycle of untreated mental illness that reaches a crisis, is treated for five or six days, and then remains untreated until the next crisis.

Discharge planning is mainly focused on ensuring parents connect their child to two types of mental health services: medication management and therapy.

Discharge planners in CSUs try to match community mental health services with the available treatment and services based on health insurance status. If the family's insurance is not accepted by the providers of a needed service, then the child will most likely not have access to that treatment. This affects children on Medicaid.

Medicaid clients are difficult to match with community mental health services because reimbursement rates are low; psychiatrists cannot afford to treat children with Medicaid. Several mental health agencies serve children on Medicaid; however, not all. The demand for Medicaid-paid mental health treatment is greater than the available services.

Children leave a CSU with enough medication to last 30 days. Parents take the list of providers given to them at discharge and get appropriate appointments, do intakes, and take children to those appointments, all within 30 days. Often pediatricians can provide medication management, which gives families time to find the right psychiatric services following hospitalization.

The Collaborative Care initiative, operating since 2013, offers Jacksonville pediatricians opportunities to train with a pediatric psychiatrist. As a result of this initiative, more than 100 pediatricians have been trained in the identification and management of children with complex mental health conditions. As a result, 12,000 children have been screened for mental illness. Also, pediatricians have gained access to psychiatrists for consultations, ensuring more children can complete treatment and stop the progression of illness.

Currently, children with private insurance are able to see a psychiatrist and get a prescription within 30 days. There are no wait lists for services preventing children from getting the right kind of care at the right time. That is, if they have private health insurance and their parents are able to navigate the mental health care system, they are likely to get access to services they need to heal.

Outpatient Services and Follow-Up Care

Regardless of income, families are frequently not able to provide treatments their child requires following a psychiatric hospitalization. A certain amount of social capital (personal networks, individual agency, know-how) is needed to navigate the grid of resources available to families. Many parents are at a loss as to how to help their child over the long-term, and there are few opportunities (support groups; community education) to help them. Parents have to educate themselves, find the right resources, accept a diagnosis, and accept their role in halting the progression of a mental illness.

For many children, medication management and therapy will halt the progression of their disorder. For others, mental health care is more complex. They might have a co-occurring disorder (substance abuse and mental disorder). They might require partial hospitalization or intensive outpatient services.

Partial Hospitalization Program (PHP) – This program for children and adolescents offers group therapy 5 days a week, 5 hours a day, and is provided at Wolfson Children's Hospital. It is designed to provide intensive services to children and adolescents who do not need the structure of an inpatient setting, yet require more frequent therapy than outpatient services. Children's therapeutic goals focus on development of strengths and making positive choices.

Intensive Outpatient Program (IOP) – This program is similar to Partial Hospitalization as it is intensive outpatient care 5 days a week. Therapy is provided for 3 hours a day.

Both PHP and IOP are used to help children avoid a subsequent psychiatric hospital admission. Also, these programs help youth "step down" from a more restrictive inpatient setting.

Insurance status can affect access to these programs. Wolfson Children's Hospital accepts Medicaid; however, Medicaid does not cover intensive outpatient services. For children on Medicaid, a program operated through Daniel provides inpatient psychiatric services. The Statewide In-Patient Psychiatric Program (SIPP) is the Medicaid term for children's mental health residential treatment. Besides being an MMA participant, there are other eligibility requirements for SIPP, including:

- Exhibit symptoms of a severe psychiatric diagnosis, which result in significant impairments in school, family or interpersonal relationships, or pose a threat to themselves or others.
- Prior crisis hospitalization or have utilized related community services that have not successfully resolved their symptoms of severe mental and emotional distress.
- Reasonably be expected to improve from treatment within a time frame of 4 to 6 months

Youth with a diagnosis of Autism or low IQ are not eligible for SIPP.

For youth with private insurance, their plan might require pre-authorization for mental health and substance abuse treatment. This creates a problem when a child is experiencing acute symptoms. If a child is referred from their primary care provider and has insurance that requires pre-authorization, the child is unlikely to get services before a Baker Act occurs.

Some youth require long-term services of 18-36 months. Health insurance in Florida does not cover longer-term services, and there are no longer term services in Jacksonville. If their family can afford it, and their parents know how to manage it, the child might get treatment on St. Simon's Island or in Orlando where long-term services are available. These adolescents probably get help. However, many cannot leave town and will cycle through available programs, unable to stop the progression of disease. These so-called difficult children are vulnerable; if they enter the juvenile justice system or are deemed ungovernable at a later age, they might experience even more challenges.

Many children in Jacksonville suffer from trauma-related illnesses and disorders. The Trauma Collaborative trains unlicensed mental health professionals in trauma-informed care in order to ensure facilities have professionals who can identify and care for trauma-related disorders. However, after years of investment in training, the ratio of mental health practitioners with trauma-informed care certification remains at 50 percent. This is due to churn in the staffing of community mental health services. Frequently, unlicensed professionals take trauma-informed care training, and once they become licensed, stop working with traumatized children. They move out of community mental health, or a receiving facility.

EMERGING TRENDS AFFECTING BAKER ACT ADMISSIONS AMONGST CHILDREN

Worrying trends were identified by mental health professionals:

- Detox beds for adolescents are closing, so Courts are not allowing parents to file for Marchman Act admissions for substance abuse treatment.
- Frequency of sex trafficking in Jacksonville region. Youth and young adults living with untreated mental illness are increasingly vulnerable to sex trafficking.
- Low Medicaid reimbursement rates
- Increased suicide deaths amongst Jacksonville youth (2 in 2013; 6 in 2014; 7 in 2015)[3]

Positive trends were identified as well:

- Youth Mental Health First Aid is being taught throughout the Duval County Public Schools, to youth workers, and first responders.
- Now that Senate Bill 12 passed, it is possible to involuntarily admit a youth or young adult under the Marchman Act so that they receive a substance abuse evaluation. Like the Baker Act, youth can be involuntarily admitted to a Marchman Act facility when a risk to themselves or others.
- Tele-psychiatry is expanding capacity and increasing availability of medication management. Full Service Schools Plus clients are starting to use this service.

GAPS AND BARRIERS

Community Mental Health Services

- Following discharge, approximately 30% of children will show for a follow-up appointment. Seventy percent do not receive treatment following a mental health emergency.
- Some children who rely on Medicaid insurance and are discharged from a Baker Act might not be identified to community providers as a priority for therapeutic services.
- Children leave a crisis stabilization unit with 30 days of medication, and some parents do not have a timely follow-up process for getting their child's prescription filled.
- The Child Guidance Center (CGC) Rapid Response Team is a 24-hour service, and parents do not use it in evenings and on weekends.
- On weekdays, the CGC Rapid Response Team works on a constant response to calls. Immediate response is not possible by mid-day, so calls are responded to as crisis responders become available.
- If school staff has strong relationship with Full Service Schools counselor, de-escalation of mental health emergencies occurs; this is not happening in all schools.
- Limited access to Intensive Outpatient and Partial Hospitalization.
- There is no residential care "for as long as needed."
- Not enough services/programs to address co-occurring disorders in youth.
- Targeted case managers drove children to appointments. This service is no longer available, and need for transportation continues.
- Not enough support groups for young adults and for parents.
- The Jacksonville Assessment Center (JAC) does not have a sustainability plan to ensure assessments for mental health and substance abuse problems in their youth. A time-limited grant currently funds assessments.
- New Jacksonville Sheriff's Officers participate in Crisis Intervention Team training once; there are no refresher courses.

Autism Spectrum Disorders and Low intelligence quotient (IQ)

- Youth with a low IQ have limited access to, and benefits from therapeutic services offered to other youth with mental health issues.
- The Baker Act system does not provide for care specific to youth on the Autism Spectrum. Only symptoms are addressed.
- Need Behavioral Analysts for youth on the Autism Spectrum

Uninsured Children

- Children who lack insurance, or are underinsured, frequently lack transportation, and in many cases, do not have the same treatment options and supports as children who have insurance.
- Private insurance (unlike Medicaid) does not provide supportive services such as transportation for families.

Parental Involvement

- Parents need as much help as their children, especially parents whose children recently received a diagnosis.
- State funds earmarked for Medicaid programs limit spending only to the children with a diagnosis. Medicaid dollars need to be available to treat the entire family.
- Some parents do not engage medication management and psychiatric services within 30 days, which places their children at risk for relapse.
- Need a "warm hand-off" which coordinates access and treatment.
- Parents lack education in mental health and substance abuse treatment.
- Many parents resist their child's diagnosis due to stigma attached to mental illness—further impeding their child's treatment and healing.

CONCLUSION

Our community has an opportunity to change the outcomes for approximately 1,500 Jacksonville children just by expanding the current grid of resources available to families. This report, and the work of the mental health professionals who contributed to it, is the initial step in analyzing and expanding that system of resources. A next step must include additional youth agencies, such as Hope Haven, Kids First of Florida, and the Center for Autism and Related Disabilities (CARD) as well as professionals such as School Resource Officers, Emergency Department physicians, and substance abuse counselors.

Mental illness can be treated. Children and youth in families who have access to appropriate resources, regardless of insurance status, can have their illness managed.

By ensuring our mental health system for youth is comprehensive and limits gaps and barriers to treatment, we can change lives. We will reduce hospitalization stays and the likelihood of our children living with the consequences of untreated mental illness.

RECOMMENDATIONS

- Determine why some parents who experience a Baker Act with their child do not identify that their child is a priority for treatment.
- Explore data from crisis stabilization units (MHRC and River Point) and community-based organizations. Is window of opportunity lost because of parents? Is it because of providers' ease of access? Create an immediate access clinic for therapeutic services.
- All behavioral health discharge planners in Baker Act receiving facilities refer parents to the Pediatric Wellness Center for a "warm" hand-off that supports parents' efforts to care for their child. This should be available to all families, regardless of insurance status.
- Expand capacity and utilization of Child Guidance Center (CGC) Rapid Response Team.
- Use Full Service School social workers and case managers to de-escalate mental health crises in schools before CGC Rapid Response Team arrives.
- Promote CGC Rapid Response Team throughout Jacksonville so that parents use in in evenings and on weekends—instead of the Jacksonville Sheriff's Office.
- Explore whether 911 dispatch can call Rapid Response Team.
- Develop care coordination supporting caregivers' acceptance of child's diagnosis and family's basic needs, such as transportation.
- Define alternatives for adolescents in need of detox so that Courts continue to allows parents to file under the Marchman Act.
- Develop universal information release for use between CSU providers treating youth committed to a residential facility.
- Normalize parental involvement, regardless of insurance status, by increasing access to in-home therapy. Expand use of sliding fee scale so that therapists work with parents and caregivers while the child is in treatment.
- Analyze evaluation data to determine next steps for expanding Full Service Schools Plus.
- Utilize free to no-cost preventative and therapeutic services for children and their families before crisis occurs, including a more formalized network of behavioral health providers, starting with the inventory attached.
- Determine local baseline statistics on human trafficking of persons <18 years old with assistance from Human Trafficking Coalition.

APPENDIX A

INVENTORY OF SERVICES

Youth Crisis Center

Programs and Services

YCC offers 4 programs for children:

1. **outpatient behavioral health** which is a comprehensive mental health program for children as young as 3 who present with behavioral/mental health symptoms. We offer individual, family, and group therapy, psychiatric evaluations and medication management. We also treat family members as needed. Services are offered to residents of Baker, Clay, Duval, Nassau, and St Johns counties.

2. **residential crisis care** services is a short term residential program that provides services to youth ages 10-17 who are presenting with ungovernable behaviors, truancy, running away, are homeless or have been kicked out of the home. Each child receives academic instruction by DCPS, individual, family, and group counseling, life skills training, and recreational activities. Services are offered to residents of Baker, Clay, Duval, Nassau, and St Johns counties.

3. **SNAP (Stop Now and Plan)** is a free evidenced-based 13-week group program that provides skills-based training to children 6-11 and their parents/caregivers. This evidenced-based curriculum provides services to children who are exhibiting aggression, poor boundaries, and an inability to foster healthy relationships. Groups are gender based so males and females children are not in the same group. Three groups are offered for each series: one group for parents, one for children, and one for siblings as well as meals are provided during each group. Services are offered to residents of Duval County.

4. **Family Link non-residential counseling** provides free counseling services in the community, including schools, to children 6-17 who are presenting with ungovernable behaviors, truancy, running away, are homeless, or have been kicked out of the home. Therapists work with youth and families who are experiencing any type of youth-related concern which disrupts the health and stability of the family. Services are offered in Baker, Clay, Duval, Nassau, and St Johns Counties.

Eligibility Criteria

- **Outpatient Behavioral Health:** ages 3+ including their parents/caregivers. We accept Medicaid, Cigna, Aetna and can be considered an out-of-network provider for all other insurance types. We serve all diagnoses excluding substance abuse.
- **Residential Crisis Care:** ages 10-17; services are free to families; we do not diagnose but we will not admit a youth with adjudication status unless under a specific referral type such as probation respite. Youth cannot have violent behaviors, under the influence at the time of referral, or have sexual perpetrating behaviors.
- **SNAP:** ages 6-11; services are free to families; we do not diagnose but would not accept a youth presenting with violent behaviors.
- **Family Link Counseling**: ages 6-17; services are free to families; we do not diagnose in this program but cannot accept youth who are adjudicated in the delinquency and dependency system.

Referrals

YCC receives referrals from anyone but most often the family, schools, law enforcement, State Attorney's Office, homeless shelters, and crisis stabilization units. YCC operates a 24/7 (725-6662) crisis line so anyone can call and request services. YCC then forwards the crisis calls to the appropriate department for dissemination. Some agencies fax or email referrals to us.

Additional Procedures

- YCC does not maintain a waitlist. If we had a list, we would continue to review active cases to determine plan for appropriate discharge so we do not lose the referral waiting for services.
- YCC ensures children being discharged from a CSU are seen by YCC's Outpatient Behavioral Health program within 7 days of discharge. YCC plans for this on the schedule to ensure timely admission.
- Parent involvement is a critical component of our treatment model. Families are required to participate in services. This can be done by phone if needed. Parents are required to sign documentation and input is valued by families as to their perspective of progression of treatment.

Riverpoint Behavioral Health

Programs and Services

Inpatient mental health care for children and adolescents ages 17 and under, who are in need of 24-hour hospitalization. This program is for those children and adolescents who need structure and intensive care.
River Point Behavioral Health performs a thorough mental health assessment and develops an individual plan for each child and adolescent. The treatment team assesses the needs of the individual and provides a supportive, respectful environment that encourages and reinforces positive behaviors. The daily activities of all services are designed to increase problem solving and communication skills while enhancing self-esteem.

Eligibility Criteria

Children and adolescents ages 17 and under. Criteria: Risk to self or others, behavioral changes that put the patient at risk, unable to care for self, due to altered mental status.
All insurance accepted other than straight Medicaid and UBH Medicaid.

Referrals

Community, Hospitals, Schools and Police

Additional Procedures

- Currently no wait list
- Parents are engaged and encouraged to actively participate in every step of the treatment process from admission through discharge. Parental/support involvement is an essential and mandatory component of treatment.

LSF Health Systems

Programs and Services

As the managing entity, no direct services are provided, however we are charged with oversight of youth needing residential treatment as well as oversight of the provision of community level care by agencies that receive state dollars for the indigent populations.

Eligibility Criteria

We serve as the safety net for all individuals that are uninsured or may have other barriers to receiving needed treatment.

Referrals

Because LSF does not provide direct services to consumers, when an individual case comes to our attention, it is typically because of the interaction that the consumer has had with community providers.

Additional Procedures

- There are currently no waitlists for services. Funding is a major factor that influences the availability of services.
- For youth admitted to the Crisis Stabilization Unit (CSU), no special protocol for LSF but that admission often triggers a referral to the Family Service Planning Team. Youth that are admitted into residential treatment are staffed at regular interval to assess progress in treatment and also to prepare for discharge.
- Since no direct services are provided, LSF does participate in and encourage parental participation in regular staffings while the child is in a residential treatment facility to assist the family with staying engaged and updated regarding the youth's progression in treatment. This is in addition to the treat plan reviews that are held at the provider level.

Family Support Services of North Florida

Programs and Services

Family Support Services of North Florida, Inc. (FSSNF) is the lead agency for Child Welfare Services through a contract with the State of Florida Department of Children and Families in Duval and Nassau Counties to provide services to children who are at risk or have been abused or neglected. FSSNF serves the needs of the children and families in Duval and Nassau Counties through our family preservation (non-judicial/voluntary), foster care, adoption, and independent living programs. These services are provided by our four (4) subcontracted Case Management Organizations, the Nassau Service Center, and other community partners.

Eligibility Criteria

The children served are between the ages of birth to 17 years of age who are at risk or have been abused or neglected. Once a youth ages out of the foster care system, there are several services that he or she can access if certain requirements are met: transportation, housing and housing assistance as well as emotional support.

- **Postsecondary Education Services (PESS)**: Ages 18-22. A young adult must have turned 18 while residing in licensed care and spent a total of 6 months in licensed out of home care before turning 18, have earned a high school diploma or equivalent and who are attending college or vocational school full time at a Florida Bright Futures eligible institution.

- **Aftercare Services**: ages 18-22 who are not in extended foster care or receiving PESS stipend, may be eligible for temporary financial and case management assistance.

- **Extended Foster Care:** ages 18-21 (22 with a disability) years of age, young people can live in a safe, supportive environment as long as they meet at least one of the requirements of having employment, attending a job skills training program or continuing their education.

Referrals

The majority of our referrals come from the Department of Children and Families Child Protective Investigations for children who are at risk or have been abused or neglected.

Additional Procedures

- The caseworker/counselor coordinates with the family, the facility staff, and the Courts/Children's Legal Services/Guardian Ad Litem, the Targeted Case Manager (if assigned), and any other mental health/medical personnel where applicable to provide the necessary services.
- We follow the Florida Statutes (mainly Chapter 39) and Administrative Codes (mainly Admin Code 65C) which dictate our policy and procedures that guide and/or require the caseworkers/counselors on the level of parental involvement and contact he/she must have with the parents.

Full Service Schools

Programs and Services

Full Service Schools (FSS) of Jacksonville is a long-standing, school-community collaboration starting in 1991 and providing much needed services for Duval County Public School students. This neighborhood-governed funding and service collaboration works to remove non-academic barriers to student learning and support family success. Typical services offered include: behavioral help for children, individual/family counseling, mentoring, parenting help, case management, medical/health services, and enrichment activities.

Eligibility Criteria

Services are provided to any K-12 students attending 1 of the 86 FSS feeder schools (10 high schools, 15 middle schools, 57 elementary schools, 4 alternative/exceptional schools). About 57,000 students, or about 45% of Duval County Public School students, are eligible for FSS services. Students who live within the general vicinity of a FSS Hub are also availed to services at the site. All services provided through FSS are free of charge, and Medicaid Insurance is utilized when applicable.

Referrals

Anyone can make a referral to FSS. A referral can be made by a school, community agency, parent or student. Once the referral has been received, an appointment with the DCPS social worker is scheduled with the parent/caretaker and an assessment of the family's needs is conducted. Based on the needs identified, the social worker offers the family referrals for appropriate services. Some services may be internal to FSS such as counseling and behavior management. Other services may be external such as clothing from Dignity U Wear. In all situations, the social worker works with the family to make sure that they are linked to the appropriate services agreed upon in the assessment. The vast majority of referrals that are made to FSS originate from schools.

Additional Procedures

- Currently there is no wait list for mental health counseling within FSS. A wait list is contingent upon the number of referrals received and the caseload capacity of the therapist assigned to each FSS site.
- FSS only provide services to students in need of outpatient services.
- Once a student is referred to a FSS Mental Health Provider, the parents are required to complete a bio-psychosocial assessment. The bio-psychosocial assessments assist the therapist in identifying presenting problems:
    - history of out-of-home placements;
    - prior involvement in the juvenile justice or child welfare systems;
    - history of alcohol and substance use and abuse;
    - history of child abuse;
    - educational and vocational history and functioning;
    - psychological testing;
    - family history, structure and functioning;
    - child's current mental status;
    - identification of strengths and support systems; and
    - provisional mental health diagnosis.

  The parents' involvement beyond the bio-psychosocial is determined based on the individualize treatment plan of the student. This could include weekly phone contact, monthly in person contact or active participation in all the counseling sessions.

Child Guidance Center

Programs and Services

Baker Act diversion: The Child Guidance Center's (Mental Health Emergency) **Rapid Response Team** is a team consisting of licensed mental health professionals trained to intervene during critical and emotionally taxing periods in children's lives, during which the children present as dangers to themselves and/or to others. This is an aggressive and focused attempt to reduce the number of children Baker Acted. It is now available 24 hours a day and seven days a week. We accept calls throughout Duval County and either respond by phone or travel to the site of the client. We are able to assess the situation and determine if a child is safe to himself and/or the community. Responders initiate a Baker Act if it is clinically necessary. The child and the family are referred to appropriate behavioral health services for follow up.

CGC has an array of behavioral health services which can be accessed:

- Community Action Team
- Community Family Services
- Day Care Consultation
- Family Services Planning Team (FSPT)
- Full Service School Counseling
- Infant & Early Childhood Services
- Outpatient Services
- Psychiatric Services
- Rapid Response Program and
- Targeted Case Management Services

Eligibility Criteria

Rapid Response Team: All juveniles 17 and under in Duval County are eligible. We also serve any student in the Duval County Public School system. There are no insurance or diagnostic requirements.

Other behavioral health services: under 18 or parents/guardians of child clients, Medicaid eligible or third party, or Full Service Schools we serve or if services fit one of the specific funders/contracts.

Referrals

Rapid Response Team: Referrals can generate from anywhere within Duval County. We also have a memorandum of understanding with the Duval County School Board from which we receive the vast majority of our referrals. We have also partnered with other community services such as the Dept of Children and Family's foster care system and the Jacksonville Sheriff's Office. In addition, we serve as an additional resource to other Child Guidance Center programs such as the Outpatient, Case Management, Full Service Schools, and the CAT program.

Other behavioral health services accept referrals from pediatric offices, schools, family/self, etc.

Additional Procedures

- **Rapid Response team:** The referrals are served on a first come first served basis although we can prioritize responses based on the urgency of each situation. Our availability is influenced by the number of referrals we may receive at one time.

- **Other behavioral health services:** Parent Orientation is scheduled weekly to assist getting clients scheduled for intake within a couple of weeks.

- CGC allows children leaving an inpatient facility to schedule the first available appointment. If there is an emergency the Rapid Response Team is available to address immediate concerns even prior to formal intake.

- **Rapid Response Team:** Florida statute allows a child to be served during an emergency situation without a parent's permission if the child is deemed a danger to himself or others. Parents are notified as quickly as possible. Services beyond the initial intervention require parental permission.

- **Other behavioral health services:** Child Guidance Center operates within a Family Systems perspective. Parents/guardians/significant family members are encouraged and expected to participate as appropriate.

Starting Point Behavioral Healthcare

Programs and Services

Starting Point provides a full spectrum of care to include medication management by our psychiatrist, outpatient therapy, case management, as well as groups that focus on mental health and substance abuse treatment. Our psychiatrist has experience in and currently treats children with ADHD and with Autism Spectrum Disorder.

Eligibility Criteria

We are the only safety-net provider in Nassau County. There is no minimum age, all mental health and substance abuse diagnoses are treated. We accept all insurances including Medicaid and Tricare.

Referrals

Starting Point receives referrals from many community agencies to include Baptist Hospital Nassau, Gateway, MHRC, Micah's Place, Nassau County Health Department, SEDNET, Nassau County Schools, Child-welfare agencies, etc. Any private practice facility or Primary Care Physicians can also make referrals. Family members and parents can also refer children to SPBH.

Additional Procedures

- There are no waiting lists as we have Open Access. Once accepted through our Open Access process, then prior authorizations MAY limit treatment options.
- If the child is a current client, they can just call for the next available appointment. If the child is not a client already, they can come into the office for Open Access. Open Access is available every morning Monday – Friday. A child can be seen for follow-up from inpatient within 24 hours.
- Children are not to be left alone at this facility. Parents need to be an active part of treatment. Parents MUST consent to services and medications, and be present for all Psychiatric appointments.

Wolfson Children's Hospital

Programs and Services

Inpatient and Day Stay (Intensive Outpatient Program, Partial Hospitalization Program)

Eligibility Criteria

Inpatient: most insurances, ages 6-17, occasionally < 6 years old.
Day Stay: most commercial insurances, excluding United. Medicaid does not cover Partial Hospitalization Program/Intensive Outpatient Program.

Referrals

Emergency Department or medical admissions for medical patients with consult.

Additional Procedures

- Waitlist depends on available beds/spaces
- We try to involve the parents as much as possible. No special procedures other than requiring at least one parent present.

Nemours Children's Specialty Care

Programs and Services

- Psychiatry and Psychology for outpatient clinical care
- Psycho-educational testing.

Eligibility Criteria

- Psychiatry: 6-17 year-olds, most diagnoses. Most insurances accepted. Medicaid does not cover Partial Hospitalization Program/Intensive Outpatient Program.
- Psychology: 4-17 year-olds, mood/anxiety and med-psych issues. Not autism as a primary diagnosis, but will see Asperger's if only a secondary diagnosis. Excluded insurances are same as for Psychiatry.

Referrals

Typically parents or primary care physicians.

Additional Procedures

- Psychiatry: Limited acceptance due to staffing shortage, but improving.
- Psychology: typically able to be seen within 3-5 days of referral.
- We try to involve the parents as much as possible. No special procedures other than requiring at least one parent present.

Children's Home Society of Florida

Programs and Services

Children's Home Society of Florida Clinical Services provide therapeutic services to children and families of all ages in a variety of settings including in home, school, and in office. Programs serve Duval, St. Johns, and Baker counties. CHS clinical specialties include:

- trauma focused services;
- infant and early childhood mental health; and
- pre and post adoption counseling services.

Psychiatric and medication management services are available to therapeutic clients. Clinical programs include:

- Outpatient Therapy Program,
- Comprehensive Adoption Services,
- Full Service Schools PLUS,
- KIPP Schools Counseling Program, and
- Transitional Trauma Team.

Eligibility Criteria

CHS serves all Medicaid eligible children, adults, and families.

Referrals

Primary referral sources include Case Management Organizations, state of Florida Department of Children and Families, and schools.

Additional Procedures

- No waitlist at this time.
- CHS receives discharge records and coordinates services with therapist and psychiatrist, scheduling appointments within 10 days.
- Parents/caregivers are involved in treatment planning and whenever possible actively involved in their child's treatment, attending sessions and receiving regular updates from the clinician.

Jewish Family Community Services

Programs and Services

- Child Welfare (dependency and prevention services)
- Jewish Services
- Financial Assistance and Food Pantry
- Counseling (outpatient basis)
- Adoption
- Achievers for Life.

Eligibility Criteria

Must be in need of receiving services- we have various funders (United Way, Women's Giving Alliance, Jewish Federation of Jacksonville, etc). We bill Medicaid and private insurances, self-pay, sliding scale for various populations. We have High Risk Newborn program serving infants and caregivers. We provide mental health diagnoses; individual, group and family therapy

Referrals

Internal (across our agency programs) and external referrals- from other Community Mental Health Organizations, hospitals, agencies in general community, faith leaders, teachers, private practitioners, etc.

Additional Procedures

- We have no waitlists—clients are able to be scheduled and seen within two weeks.
- We approach clients from a strength-based perspective. We engage parents/caregivers whenever possible in therapeutic services, emphasizing the importance of family therapy. We recognize children cannot be successful if long-term functioning 'in a bubble,' and therefore make sure to engage their familial/parental/caregiver supports when available.

Gateway Community Services

Programs and Services

The adolescent service programs provide substance abuse/dual diagnosis services to adolescent ages 13-17 years.

Juvenile Addiction Receiving Facility (JARF)

The New Beginnings program provides assessment, detox and stabilization services. If the adolescent is admitted into the program, the length of stay is an average of 3-5 days. This program provides the following services:

- Assessment
- Urinalysis
- Group therapy
- Individual therapy
- Case management
- Walk-in urinalysis

Intervention/Traditional Outpatient/Traditional Outpatient x2

This program provides treatment on an outpatient basis ranging from 6 weeks to 12 weeks with sessions from once to twice a week. Clients who meet criteria for this program primarily have a diagnosis of substance abuse. Outpatient programs provide the following services:

- Group therapy
- Individual therapy
- Family therapy
- Case management
- Urinalysis

Residential Treatment

The Adolescent Residential program is a 12-step based program that provides comprehensive treatment modalities in a residential setting. The length of stay on average is 4-6 months based on the progress of the client. Clients who meet criteria must have a primary diagnosis of substance dependence. The residential program provides the following services:

- Group therapy
- Individual therapy
- Family therapy
- Trauma Counseling
- Art
- Recreation
- Education through Duval County Public Schools
- AA/NA support

Eligibility Criteria

The adolescent's use of alcohol and/or other drugs has been identified by an evidence-based assessment. The primary diagnosis must be a substance abuse disorder. The secondary or tertiary diagnosis may be an identified mental health disorder.

Referrals

Parents or guardians, Duval Juvenile Assessment Center, Department of Juvenile Justice, Duval County Juvenile Drug Court, Duval County Teen Court, Marchman Court, Duval County Public Schools, and other community partners.

What, if any, wait list exists for your services for children? What factors influence the availability of services?

Currently there are no waiting lists for any Gateway adolescent programs.

Additional Procedures

- Parents/guardians participate in an orientation. All youth are assigned a program mentor to assist them in transitioning to residential services.

Duval County Public Schools – Behavioral Health

Programs and Services
Education

Eligibility Criteria
All children who turn 5 by September 1st can attend school. VPK and preschool programs are available at selected sites as well as special education services until age 22.

Referrals
The DCPS Crisis Hotline; Public and Charter School Personnel

What, if any, wait list exists for your services for children? What factors influence the availability of services?
Number of calls for an immediate mental health assessment and number of RRT staff available to respond

Additional Procedures
- Upon admission/discharge, the parent or guardian is given the opportunity to sign a Written Release of Information in order for school personnel to be notified of the discharge from an inpatient facility. The discharge summary and any pertinent information is faxed to our central office. School social workers are notified who then communicate with school counselors for public schools. The District Charter School office is provided a hard copy of the ROI and discharge summary for distribution to the Charter School principals. Eligible students are referred to Full Service Schools.
- Parental involvement is welcome via multiple and varied methods including parent teacher conferences, email, telephone, home visits, report cards and written communication sent home with students. Parents of students who are hospitalized through the Baker Act while at school are notified by the principal or his/her designee.

Daniel

Programs and Services

Daniel provides a wide array of services to children and families in the community. From the most restrictive level of care, Statewide In-patient Psychiatric Program to traditional outpatient counseling, Daniel has many mental health programs to serve children at various levels of need. Other services include:

- Full Service Schools (school-based counseling and case management)
- Independent Living Program (residential and case management services for teens at risk of being homeless)
- Behavior Management Program (counseling services for children involved in the juvenile justice system)
- Specialized Therapeutic Foster Care (intensive treatment with specially trained foster parents with the goal of preventing children from entering residential treatment)
- Case Management Organization-Foster Care/Dependency Services
- Targeted Case Management/Wraparound Coordination Services
- Daniel Academy (grades 1-6, serving children who benefit from smaller class size ratios and the need for intense intervention in the classroom
- Respite Program (short-term, residential program designed to give families a break in order to prevent placement disruptions).

Eligibility Criteria

Each program has different criteria for eligible children.

For Medicaid funded services within the Community Mental Health Program (Outpatient counseling, In-home counseling, Targeted Case Management) Daniel accepts referrals for children from birth to age 18. Children receiving services must have a mental health diagnosis. Daniel also offers Wraparound Coordination to children age 5 to 18 that have experienced a crisis stabilization admission within the last 6 months and is at risk for future admissions.

Statewide In-Patient Psychiatric Program (SIPP):

- Exhibit symptoms of a severe psychiatric diagnosis, which result in significant impairments in school, family or interpersonal relationships, or pose a threat to themselves or others.
- Have had prior crisis hospitalization or have utilized related community services that have not successfully resolved their symptoms of severe mental and emotional distress.
- Be recommended by a Florida licensed psychiatrist or psychologist for inpatient psychiatric care.
- Be between 5-17 years of age.
- Be mentally competent, defined as having age appropriate cognitive ability to benefit from psychiatric treatment services, and is cognitively stable enough to benefit from this non-acute level of treatment.
- Be in good physical health receiving clearance from a medical professional certifying that the patient has no acute or chronic problems requiring continued or specialty medical treatment.
- Reasonably be expected to improve from treatment within a time frame of 4 to 6 months
- SIPP is actually a Medicaid term for residential treatment. Daniel Kids is not a current in network provider with any private insurances, Daniel Kids is an in network providers with all Medicaid managed care plans.

Referrals

The Community Mental Health programs receive referrals from a variety of sources including but not limited to: primary care physicians, dependency case management organizations, schools, directly from parents, other social serving agencies. Referrals can be emailed to our Admission's Department at sdeckert@danielkids.org. Services can also be initiated via phone at 904-296-1055 ext. 2752.

Additional Procedures

- Daniel is able to process referrals in a timely manner with no wait list.
- Each child, and parent, is given a thorough orientation to the facility as well as the program expectations upon admission. All children are advised of his or her client rights and grievance procedures. Daniel follows the treatment plan and that is created once they arrive and the agency operating quidelines.
- The SIPP program as well as the Respite Program incorporates a family session/night each week at the campus to encourage healing as a family unit to increase the chances of success upon discharge.
- All mental health programs are child focused and family centered. Therapists and case managers design the plans of care with the input of the client as well as the caregivers.

Partnership for Child Health

Programs and Services

The UF Health Pediatric Wellness Center at 1650 Prudential Drive offers comprehensive pediatric care for children and youth from birth to 18-years-old with special mental and behavioral health needs. Through the Center and in partnership with UF Health and Wolfson Children's Center for Behavioral Health, the Partnership for Child Health provides a medical behavioral health home for children and youth who need medical, mental and behavioral health services. The integrated approach to care includes access to complete primary health care, on-call physician access 24/7, community mental health and social service resources, care coordination with child and adolescent psychiatrists, psychologists and therapists, and referrals for specialty care. In addition, families with current psychiatric referrals are followed up on to remind and support families thru their next appointment.

Eligibility Criteria

Pediatric Wellness Center provides a medical-behavioral health home for children and youth under 18 with medical, mental and behavioral health needs. All UF Health insurances are accepted.

Referrals

Referrals primarily originate with the crisis stabilization units (Baptist, MHRC, Riverpoint); however, the Pediatric Wellness Center is a primary care practice that specializes in care for any child/youth with mental/behavioral health challenges.

Additional Procedures

- There is no wait list.
- Crisis stabilization units referring patients being discharged are asked to send the intake and discharge summaries with the psychiatric evaluations and recommendations.
- Through the onsite care coordinator who conducts an initial child/family needs assessment, parents are helped with insurance enrollment, referrals to Federation of Families, and linkages to other resources for themselves and their family.

Family Foundations

Programs and Services

Free mental health counseling services to adults, children, families, and couples. Licensed mental health counselors, registered mental health interns from University of North Florida, and financial counselors provide early intervention mental health counseling, ongoing wellness counseling, and financial counseling. In addition, Family Foundations equips individuals with the specific assets that successfully move them out of poverty through the 1,000 in 1,000 program.

Eligibility Criteria

Counseling is offered at low rates ($35 for intake and $10 for each session afterward) and wwaives fees for individuals who lack insurance, cannot afford their co-pay, or need additional counseling not covered by their insurance. Clients from all over Northeast Florida are served at a downtown office as well as satellite locations.

Referrals

Referrals originate in agencies, schools, and through client recommendations.

Additional Procedures

- Counseling services are provided in other community agencies upon request, supplementing a family's experience with mental health services.

APPENDIX B

LIST OF PARTICIPANTS AND AGENCIES

Abby Bautista – UF Health

Alfreta Hendley – LSF Health

Amy Cooper – Mental Health Resource Center (MHRC)

Becky Gauntlett – MHRC

Cecelia Stalnaker-Cauwenberghs – Youth Crisis Center (YCC)

Dana Metzger – Mental Health America of Northeast Florida

Denise Marzullo – Mental Health America of Northeast Florida

Elizabeth Kenny – Jacksonville Sheriff's Office

Erica Whitfield – Family Foundations

Erin Whitaker-Houck – LSF Health

Farkhanda Khan – Starting Point Behavioral Healthcare

Heather Lawson – Duval County Public Schools

Jaime Mericle – daniel

Jessica Henderson – Children's Home Society

Juliane Mickler – Early Byrd Solutions

Kathy Lawrence – SEDNET (severely emotionally disturbed network)

Katrina Robinson-Wheeler – Starting Point Behavioral Healthcare

Katrina Taylor – Duval County Public Schools

Kevin McGee – Riverpoint Behavioral Health

Kim Sirdevan – YCC

Kristi Keidel Seybolt – Baptist Health

Larry West – Family Support Services of North Florida

Laura Acker – Full Service Schools

Laura Lane – Mental Health America of Northeast Florida

Lee Kaywork – Family Support Services

Lesley Wells – daniel

Linda Carzoli – Jewish Family and Community Services

Linda Compton – Florida Department of Children and Families

Lindsey Nelson – Florida Department of Children and Families

Lori Bilello – UF Health

Mackenzie Boerem – Riverpoint Behavioral Health

Mark Hincapie – UF Health

Melissa Bennett – Baptist Behavioral Health

Mia Clurkley – Mental Health Resource Center

Nelson Willis – Northwest Behavioral Health

Kena Pugh – Children's Medical Services, Florida Department of Health

Rachel Weinstein – Jewish Family and Community Services

Rebecca Gauntlett – Mental Health Resource Center

Renda Cardenas – Starting Point Behavioral Healthcare

Sarah Markman-Sayar – Family Support Services of North Florida

Stacy Sechrist – Child Guidance Center

Stella Briskin – Riverpoint Behavioral Health

Steve Bauer – Gateway

Susan Hatcher – Duval County Public Schools

Tara Wildes – Mental Health America of Northeast Florida

Theresa Rulein – Child Guidance Center

Vicki Waytowich – Jacksonville System of Care Initiative

ENDNOTES

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