

Tab 4: Project Narrative

Project Narrative

Statement of the Problem and Background

Broward Behavioral Health Coalition (BBHC), the Managing Entity for Substance Abuse and Mental Health in Broward County as the applicant, will address the issues related to youth and young adult to prevent further involvement into the criminal or juvenile justice system, or reentering the criminal or juvenile justice system after release. With its collaborative partners, the plan is to increase the County's efforts to transform the juvenile justice/criminal justice system to increase public safety, avert increased spending in the juvenile and adult criminal justice systems, decrease residential juvenile placements, improve treatment services for youth and young adults, and improve the accessibility and effectiveness of treatment services for juveniles and young adults. The proposed target population will also have a mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders, who are at risk of reentering, the criminal or juvenile justice systems. The Broward County Planning Council for Criminal Justice Mental Health and Substance Abuse Reinvestment, named the **Broward County Youth Re-Entry Collaborative**, will be established pursuant to Florida Statute which requires that counties establish public safety coordinating councils to perform assessment of and planning for the county. In addition to performing the functions required by Florida Statute and this RFA, it is the intention of the one year planning to create a County strategic plan to initiate systemic change for youth ages 12-21 with primary mental health and/or substance use – co-occurring disorders, trauma, and other complex challenges.

The **geographic environment** data demonstrates that Broward County is located along the southeastern coastline of the State of Florida and is home to 1.8 million people. Data in Broward County shows that the population in 2015 was 1,896,425, an increase of 4.1% since 2010 and that there are 199,767 children 17 and under and 41,619 youth between the ages of 18 and 21, for a total of 241,386. Twenty-six percent (26%) of the Broward County population are Hispanic or Latino, 42% of the County's residents are White, Non-Hispanics while 26% are Black, Non-Hispanic. Asians account for 3.3% and .3% are of other racial/ethnic groups. Approximately 14.3% are people living below the poverty level.

The Broward County information shows that problems with youth and young adults reentering the juvenile and criminal justice systems are becoming more and more serious. Broward County youth mirror the national problems with youth 12-21:

- Many youth enter custody with physical, mental health, and substance abuse problems, yet few receive high quality treatment or programming while in custody, which can exacerbate their problems.
- Being in an institutional environment can impede normal adolescent development by depriving youth of the experiences needed for positive growth, such as learning job-related expectations and essential pro-social skills for relationships in later life.¹

¹ National Research Council, Reforming Juvenile Justice: A Developmental Approach (Washington, DC: The National Academies Press, 2013): 181-2, <http://bit.ly/1zhoVmM>; Mears & Travis, 6-7.

- Likely as a result of the above two points, re-arrest rates for youth returning home from confinement have generally been quite high; it's not uncommon for 75% of returning youth to be rearrested within three years.²
- Appropriate re-entry planning can help arrange the services many re-entering youth need, such as stable housing (particularly for some youth who are homeless when released), continued education, employment and/or vocational training, re-enrollment into health insurance coverage, and continued mental health and/or substance use treatment.
- Community-based supervision and aftercare services have been found to reduce recidivism as well as to increase the likelihood of youth attending school and going to work.³

The Department of Juvenile Justice's 2015 Service Continuum Analysis⁴ reports that *the Mental Health and/or Substance Abuse Services was the most heavily represented "top" service need, with a total of forty-eight counties describing some type of mental health service as a top need, including Broward County.*⁵ Data in the next section documents the extent of the problem.

BBHC is submitting this application to enhance planning processes in its work to transform the existing System of Care (SOC). BBHC received a Substance Abuse Mental Health Services Administration (SAMHSA) system of care grant (2014-2019) which is the *One Community Partnership 2 (OCP2)* initiative to enhance the delivery of youth and family driven care to youth (14-21) that experience mental health challenges and may also have co-occurring substance use and complex issues such as trauma. OCP2 is facilitating Broward's System of Care implementation of effective transitional supports for emerging adults on their way towards resiliency, recovery, and wellness. This application will leverage the current work of the *SAMHSA OCP2 Initiative*. The proposed strategic planning project will best enable youth involved with the Department of Juvenile Justice/Criminal Justice System, and with multiple and changing needs, to remain in the least restrictive settings in their community, in school, to remain out of the juvenile justice/legal system, and successfully transition to adulthood through effective collaboration efforts among participants in key governmental agencies. These include the juvenile justice system, behavioral health providers, intervention programs, housing, employment and education. The plan will assess other key system representatives that need to be included.

The **target population** of this project is youth and young adults (ages 12-21) with primary mental health and/or substance use – co-occurring disorders, trauma, and other

² Elizabeth Seigle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* (New York: Council of State Governments Justice Center, 2014), 1, <http://bit.ly/1r78rrD>.

³ Edward P. Mulvey, "Highlights from Pathways to Desistance Study: A Longitudinal Study of Serious Adolescent Offenders" (U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, March 2011): 2, <http://1.usa.gov/1zz5B3I>.

⁴ <http://www.djj.state.fl.us/docs/research2/continuum-of-service-2015-%28mg%29.pdf?sfvrsn=2>

⁵ <http://www.djj.state.fl.us/docs/research2/continuum-of-service-2015-%28mg%29.pdf?sfvrsn=2>

complex challenges involved in the criminal justice system and are risk of further involvement. As identified by County data (see next section) BBHC has chosen to focus planning for youth because this population faces a myriad of challenges including high rates of suicide, criminal justice involvement, bullying, trauma, poverty, stigma, and homelessness. Youth and emerging adults need relevant services that facilitate a seamless transition with a focus on autonomy and community integration.

Analysis of Current Population of the Juvenile Services in Broward County

In Broward County youth are **screened or assessed** ("pre-admitted" and "admitted") by the Juvenile Assessment Center (JAC), which is administered by the Broward Sheriff's Office (BSO), as the central receiving and intake facility for all arrested juveniles in Broward County. Youth brought to the JAC by law enforcement officers are fingerprinted, photographed and booked. In addition, youth receive assessments of their risk to the public, mental health and substance abuse disorders, utilizing several evidence-based practices including several screening instruments used to identify the behavioral health disorders and risk, as well as referrals to court and community services. An intake process is completed on the youth as well as an initial mental health and substance abuse assessment. The detention screening instrument is also administered, if applicable, and if necessary the juvenile is referred to the BSO Juvenile Assessment Team (JAT) for a more in-depth assessment. If the JAT determines additional services are needed, they will link the juvenile to existing community services through their case management component.

***Dispositions* and data trends of observed contributing factors that affect population trends in the Broward county jail or juvenile detention center** are noted below:

- Among arrested youth, 1986 received petitions. In these cases, the State Attorney files a delinquency petition based on the charge. It is sent to the Juvenile Division of the circuit Court and this special division of the Court hears juvenile cases of law violations.
- Slightly more than 1100 youth were adjudicated. The court can commit the youth or place the youth on community supervision.
- Slightly more than 1100 youth were diverted.
- Data related to civil citations indicates that during FY 2015-2016, 1,287 youth were eligible for a citation. Of those eligible, 72% were issued a citation and the remaining 360 youth were arrested.
 - These percentages were similar regardless of whether the arrest was community or school based (Florida Department of Juvenile Justice, June, 2016).
- Eight hundred sixty (860) youth were placed on probation supervision. These youth are supervised by a Juvenile Probation Officer based on the order of the court.
- Overall, dispositional reports from the Florida Department of Juvenile Justice for FY 2015-2016 (FDJJ, 2016), indicates that for youth assessed to have a low, moderate, or moderate-high risk for recidivism, "optimum placements" occur in approximately 75% of cases, regardless of race/ethnicity.

- However, among youth assessed to be at high risk for recidivism, 56% of dispositions are deemed to be “optimum placements”.
- Residential Commitment was the disposition for 860 youth, with programs ranging from low to maximum restrictiveness levels.
- Seventy-nine (79) youth were transferred to adult court.
- Slightly more than 1,100 youth (1,173) were placed in secure detention. These youth are held pursuant to a court order or after being taken into custody for a violation of the law.

It should be noted that among publicly accessible reports and databases, data tracking and reporting of data related to behavioral health needs are not being collected via arrest forms, the Crisis Intervention Team (CIT) data, or court data systems. The lack of behavioral health data creates barriers in monitoring changes to any criminal justice processes as well as the evaluation of effectiveness of these programs. Therefore, the data with the **percentage of persons admitted to the juvenile detention center that represents people who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders** is not being gathered in a comprehensive manner and analyzed. The *Broward County Youth Re-Entry Collaborative* will include the assessment of community gaps in data related to mental illness, substance use disorders, and co-occurring disorders with the selected target population for this project; and will also assess how contributing factors (risk and protective factors in multiple domains) affect population trends in the juvenile detention center and Broward County arrests of juveniles and young adults up to age 21 years of age.

The Juvenile Detention Alternatives Initiative (JDAI) in Broward County (among other counties in Florida) supports the vision that all juvenile justice involved youth will have opportunities to develop into healthy, productive adults. This initiative, that is applying JDAI core strategies and decision making based on data-driven policies and practices has developed the Broward County (Circuit 17) Juvenile Detention Alternatives Initiative 2016 Collaborative Work Plan that will assist in the Strategic Planning process and will coordinate with the Planning Council *Broward County Youth Re-Entry Collaborative* to better identify data that needs to be gathered and assessed in support of the Strategic Plan.

The data and related initiatives in Broward County substantiate the identified target population as a priority of community concern. As well, the data noted above regarding youth arrests and disposition are for all youth in Broward County, regardless of age and/or identification of need for behavioral health treatment. A significant number of youth are in need of behavioral health treatment and not identified. As stated above, regardless of criminal justice involvement, not all service systems within Broward County track data related to the presence of a behavioral health disorder or demographic data that is predictive of risk for recidivism. While the prevalence of transitional youth with mental health problems is reported by all systems with the exception of the Department of Juvenile Justice (DJJ), only Broward County Children’s

Services Administration (CSA) and BBHC track prevalence of youth with substance use disorders⁶ as shown in the chart below.

Entity	Number of Youth Served with Mental Health Diagnosis / Problems	Number of Youth Served with Substance Abuse Diagnosis / Problem
Broward County Children's Services Adminis.	2,540	588
Broward Children's Services Council - CSC	530	Not tracked
ChildNet	41	Not tracked
DJJ	No local data reported	No local data reported
BBHC	4,186	3,703
Schools	1,094	Data not available

Of all youth between the ages of 12-21 years referred to a BBHC provider, nearly 30% (2,361) are involved with the criminal justice system. While it is known that a large percentage of criminal justice involved youth receive behavioral health treatment and related services from Medicaid providers, currently the data for these youth is unavailable.

Further areas of the target population need specific to Broward County youth include the following **community concerns and that delineates the specific factors that put the target population at-risk of entering or re-entering the criminal or juvenile justice systems:**

- *Co-occurring Substance Use-* Recovery-oriented systems of care are a cornerstone to supporting young adults who experience early emergence substance use issues. Research shows that youth who initiate drug use before the age of 15 are five (5) times more likely to have long lasting acute problems in their lives, in addition to using more frequently and chronically. Data collected through Broward's One Community Partnership2 (OCP2) planning grant has shown that of those youth receiving residential level 1 services, 100% have co-occurring mental health and substance use disorders, where 66% have more than one substance use diagnosis. Similar to child/adult system fragmentation, the substance use and mental health systems have clinical and administrative barriers, funding gaps, and policy barriers that contribute to the lack of seamless, coordinated and integrated treatment (Hawkins, 2009).
- *First Episode Psychosis-* Approximately 100,000 adolescents and young adults in the United States experience First Episode Psychosis (FEP) each year⁷. With a peak onset occurring between 15-25 years of age, psychotic symptoms of delusions and hallucinations from schizophrenia can derail a young person's social, academic, and vocational development and initiate a trajectory of

⁶ Broward County. One Community Partnership2. Corrections Involved Youth Data Presentation for Sequential Intercept Mapping Action Planning, August 2016.

⁷ http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf
Evidence Based Treatments for First Episode Psychosis, Components of Coordinated Specialty Care. April 2014.

accumulating disability and often criminal system involvement. Approximately 30% of individuals with FEP disengage from services. No prevalence rates are available for Broward as there has not been research on this population in Florida.

- *Juvenile Justice- Broward's One Community Partnership2* - OCP2 collected data for 2013-2014 found great racial disparities and a need for early intervention for youth with first time arrests and mental health needs. About 70% of the youth processed through the Broward Juvenile Assessment Center (JAC), the central receiving facility for all arrested juveniles, are referred for mental health and substance use assessments. Of those, 98% yield a primary mental health or co-occurring substance use diagnosis.
- *Education-* Broward County's school policies reflect that if students are not able to accomplish the regular diploma track upon exit, they will receive a "certificate of completion". These recent legislative changes may greatly affect the future career outcomes of the youth in the target population, especially students in the Juvenile Justice system and other multi-agency education programs. This is further exacerbated by the lack of ongoing follow-along supports and step-down options once a student graduates.
- *Foster Care-* ChildNet, Broward County's Child Welfare – Community Based Care lead agency, has seen a 27% increase of youth served from 1,984 in 2012 to 2,733 in 2014. Approximately 600 youth (18-23) are continuously exiting the foster care system in Broward County and another 120 youth are preparing for transition to independence. While they may be considered legal adults, many of them have not fully developed the life skills to function successfully in the adult world (FLITE, 2015). According to a 2012 survey by DCF of foster care youth aging out: 85% are unemployed, 38% lack a high school diploma or GED, and 24% have experienced homelessness as an adult.
- *Transition to Adulthood-* The transition from adolescence to young adulthood is particularly challenging for youth who have serious mental illnesses and co-occurring disorders. Research has consistently indicated that transition-age youth are not provided with the age-appropriate and ongoing supports and resources necessary to promote recovery and resiliency. Accordingly, Broward data collected on 2,835 youth (14-21) served through BBHC in FY 2013-2014 showed that: 4% were pregnant or post-partum, 12% had dependent children, 20% were unemployed, 27% were involved in the criminal justice system, 5% were homeless, and 5% dropped out of high school. Complicating these issues are the unique needs of young adults who are losing the "safety net" programs that they may have utilized during childhood and adolescence.
- *Trauma-* Research shows that a lifetime history of victimization is associated with higher rates of mental health and substance use disorders and HIV-risk behaviors. Over 40% of Broward's arrested youth had a history of trauma in FY 2012- 2013.
- *Gender and Sexual Identity-* Awareness of the needs of Broward's Lesbian, Gay, Bisexual, Transgender, Questioning, or Intersex (LGBTQI) youth is critical in reducing disparities for access to and quality of behavioral health services. Questioning of sexual orientation and gender identity often occurs during early

adolescence and young adulthood; many experience bullying, victimization, and stigma, which may correspond to increased depression, anxiety, suicidal ideations and attempts. According to the 2013 Youth Risk Behavior Survey for Broward County, the first ever compilation of LGB data for the school system (which did not include the transgender, questioning and intersexed community), school safety and bullying among LGB is a concern: 36% attempted suicide, 33% seriously considered suicide, 26% were electronically bullied, 31% were bullied on school property, 37% were in a physical fight.

In summary of the information above, BBHC and its planning partners have selected the **target population** based on some of the available data and data trends to continue and increase its collaboration. It is necessary to collect additional data from the key partners and to analyze for real population level change to begin to occur to increase services for youth along a continuum of care. The Broward County Youth Re-Entry Collaborative Planning Council collaboration will form the basis of the community Strategic Plan to intercept the youth and young adults from the system at the earliest point possible while promoting public safety. The Strategic Plan will use the **Sequential Intercept Model** as its conceptual framework for proposing strategies that relate to the identified target population and points of interception at which interventions can be implemented to prevent further involvement into the criminal or juvenile justice system, or reentering the criminal or juvenile justice system after release.

The target population has been prioritized by various Broward County planning groups as a priority concern for the community. The groups are listed in various sections of this application.

Tab 5: Project Design and Implementation

Project Design and Implementation

Composition and Roles of the Planning Council

The one-year planning grant will be used to develop more effective collaboration efforts. The collaboration efforts will be the basis for developing a problem-solving model and strategic plan to assess the needs of the community, focusing on the re-entry population so there is no duplication of services for young adults and juveniles who are in, or at risk of re-entering, the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The project will be delineated in the strategic plan and the design and implementation activities clearly articulated. **The newly formed planning council, the Broward County Youth Re-Entry Collaborative, will examine the levels of treatment available for youth with substance abuse and mental health issues in the juvenile justice system.** The planning grant will include strategies to divert individuals from judicial commitment to community-based service programs using the **Sequential Intercept Model**. The strategic plan will be built upon the "system of care" model that focuses on engaging the youth/young adult service providers and key stakeholders in Broward County to produce the best outcomes possible for the target population.

The **composition** of the Broward County Youth Re-Entry Collaborative includes 17 of the 20 required members and will have a Memorandum of Understanding (MOU) from each. Subsequently, the members will enter into a formalized, legally binding agreements and will demonstrate compliance with the **Florida state statute [394.657(2)(a)]**. BBHC has key relationships and has continued the engagement of the required members for the new Broward County Youth Re-Entry Collaborative. The Public Defender's Office has agreed to participate in the strategic planning initiative but did not send a letter. See Tab 6- Letters of Commitment.

BBHC has received commitment from the following members. The red font and note shows the pending letters. The Public Defender's Office has agreed to participate in the strategic planning initiative, sent an email confirmation with support of the application and the need for strategic planning, but did not send a letter. The Broward County Youth Re-Entry Collaborative will continue to work with them more directly to discuss the Collaborative and obtain a written commitment to work in the group.

ORGANIZATION	INDIVIDUAL'S NAME	ROLE OF THE ORGANIZATION OR INDIVIDUAL
State Attorney or Designee	Maria Schneider	State Attorney's Office
Public Defender or Designee	Gordon Weeks- In process of Engagement	Public Defender's Office
County Court Judge	Chief Judge Peter Weinstein	Chief Judge, 17 th Judicial Circuit
Circuit Court Judge	Judge Martin Bidwill	Circuit Judge, 17 th Judicial Circuit
Local Court Administrator or Designee	Kathleen Pugh	Trial Court Administrator, Circuit 17
State Probation Circuit Administrator or Designee	Cassandra Evans	Chief Probation Officer, Circuit 17 Broward County

County Commission Chair	Commissioner Chip LaMarca	Board of County Commissioners
County Director of Probation	In process of Engagement	
Sheriff or Designee	David Scharf	BSO Department of Community Programs
Police Chief or Designee	In process of Engagement	
Area Homeless or Supportive Housing Program Representative	Kim Campbell / Lisa Vecchi	Broward County and Broward County Solutions
Chief Correctional Officer	Lt Captain Nealy	
DJJ - Director of Detention Facility or Designee	Major Jonathan R Hackley	Florida Department of Juvenile Justice
DCF - Substance Abuse and Mental Health Program Office Representative	Valerie Allen	Department of Children and Families
Primary Consumer of Mental Health Services	Susan Nyamora/ Gretchen Rovira	South Florida Wellness Network/ Federation of Families
Community Mental Health Agency Director or Designee	Dr. Steve Ronik	Henderson Behavioral Health
Local Substance Abuse Treatment Director or Designee	Marsha Currant	Banyan Community Health Foundation / Broward County
Community Mental Health Agency Director or Designee	Marsha Currant	Banyan Community Health Foundation
Match Community Partners	Cindy Arenberg	Children Services Council
Match Community Partners	Kim Campbell	Broward County
Providers/ Community Partners	Lourdes Pons	Childnet
Providers/ Community Partners	Timothy Curtin	Memorial Healthcare System
Providers/ Community Partners	Courtnee Biscardi	Urban League of Broward County

Background for Engagement of the Members

In early March, 2016, The BBHC sponsored a Cross Systems Sequential Intercept Model Mapping in Broward County (**needs assessment model**). The mapping was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHTSA) Technical Assistance Center at the University of South Florida (USF) Florida Mental Health Institute in order to provide assistance with (related to youth and young adults ages 12 -21 with primary mental health disorders who may also have substance use – co-occurring disorders, trauma, and other complex challenges):

- Creating a map of the points of interception among all relevant systems;
- Identification of resources, gaps, and barriers in the existing systems to support recovery;
- Development of an initial strategic action direction to promote progress in addressing the juvenile justice diversion and treatment needs of juveniles and young adults (up to age 21) with mental illnesses and/or substance use disorders involved in the juvenile justice system.

Using the Substance Abuse Mental Health Services Administration's (SAMHSA's) framework for intervention, referred to as the Sequential Intercept Model, BBHC led the group of key stakeholders in the workshop to look at criminal justice issues. The

participants in the workshop included 30 individuals representing multiple stakeholder systems, including leadership from the judiciary, mental health, substance abuse treatment, human services, detention, law enforcement, child advocates, county government, and the courts. A complete list of participants, and the full report, can be found in Attachment 1 as an appendix of this document.

Planning Council's Activities Based on the Broward County's Previous Work

Based on the Sequential Intercept Mapping/Cross-Systems Mapping exercise three primary objectives, below, and the Broward County Cross-Systems Map created during the workshop, the collaboration efforts are the basis for developing a problem-solving model and Strategic Planning process for the Broward County Youth Re-Entry Collaborative.

1. The development of a comprehensive picture of how juveniles with mental illness, substance abuse and co-occurring mental health and/or substance use disorders flow through the Broward County juvenile justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and juvenile Probation/Community Support (Intercept 5).
2. The identification of, strengths, gaps, resources, and opportunities at each intercept point for juveniles in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for juveniles in the target population.

It is of note that of the intercept points of the Sequential Intercept Model (SIM), Broward County has done extensive work with Intercepts 1, 2, and 3 [Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3)] and through the strategic planning process of the , Broward County Youth Re-Entry Collaborative will focus on intercepts 4 and 5 [Community Re-entry (Intercept 4), and juvenile Probation/Community Support (Intercept 5)].

The participants of the workshop have maintained contact through a variety of meetings in Broward County. The proposed project is subsequent to the completion of the Systems Mapping exercise, where the stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the Broward County systems map. The groundwork for the Broward County Youth Re-Entry Collaborative and the needs assessment has been established through this work as well as Broward's SAMHSA OCP2 Initiative. The OCP2 project targets youth between the ages of 14-21 years with behavioral health disorders, reflecting a similar population to that of the Sequential Intercept Mapping (SIM) exercise and focus. Hence, the OCP2 project leadership committee has been requested to provide leadership to the implementation of the SIM action plan.

Community planning to date shows that despite Broward County's collaborative culture across systems, there are opportunities to enhance the current juvenile justice system.

A review of each intercept point with respect to services available to youth and access to these services will assist in targeting specific clinical interventions and supports throughout the system.

As one of its activities, the Broward County Youth Re-Entry Collaborative will review Evidence Based Practices (EBPs) and Promising Practices to advance more active and results-oriented juvenile justice solutions for the Broward County system and the proposed target population. In particular, and based on Broward County's experiences, the Moral Reconciliation Therapy⁸, the Transition⁹ to Independence Process (TIP) Model, Motivational Interviewing, Trauma Informed Care, and Wellness Recovery Action Plan (WRAP) interventions will be reviewed by the Collaborative in conjunction with **workforce development strategies**. Information can be found in Attachment 2 of the application.

Further collaboration and funding across systems can strengthen juvenile justice system efforts to provide treatment and support to youth involved within this system. The current implementation of family-focused, youth-centered evidence based practices of community-based clinical services utilizing peer supports, supported employment and supported housing practices will facilitate independent living and self-efficacy among youth. Additionally, through OCP2, supports and engagement activities for the family and siblings/friends of the youth will be available through the local chapters of the Federation of Families and Youth M.O.V.E. Broward.

There has been much groundwork completed and momentum developed from the planning and engagement of key stakeholders for continued planning. The Broward County Youth Re-Entry Collaborative members, or designees, will meet at least one time per month in the twelve month planning process and will develop subcommittees or task forces to work on specific issues of the Strategic Plan, garnishing expertise in each strategic component of the plan. The subcommittees or task forces will conduct the bulk of the work for the strategic planning and the Broward County Youth Re-Entry Collaborative will oversee, as an accountability entity, the activities and the progress toward the benchmarks and timelines. Communication will be structured via the committee/task force structure for maximum functioning in the strategic planning process. The subcommittees/task forces will meet at a minimum once per month to operationalize the activities and meet timelines.

Timeline for the Proposed Project and Proposed Planning Activities Consistent with the Performance Measures

SEE ATTACHED **APPENDIX A** FOR GOALS AND OBJECTIVES CONSISTENT WITH THE CHART BELOW.

⁸ http://www.ndcrc.org/sites/default/files/moral_reconciliation_therapy_-_practical_application_guide.pdf

⁹ <http://www.tipstars.org/>

Proposed Planning Activities / Performance Measures	Expected Milestones	Timeline
Identify and hire staff	Project Coordinator hired	Within 90 days of execution of the final Grant Agreement
Establish formal partnerships, as evidenced by legally binding agreements, with a minimum of three (3) agencies, per RFA, and more, with the Collaborative partners.	Formalized, legally binding agreements for the Collaborative partners.	Within 180 days of execution of the final Grant Agreement
<p>Create subcommittees / task forces encompassing courts, corrections, law enforcement, social services, treatment, housing and others aligned with the intercept points of the Sequential Intercept Model. This will form the foundation of the needs assessment process.</p> <p>With the Project Coordinator, members will be responsible for gathering relevant information and data on their specific issue areas for the conduct a thorough Needs Assessment.</p> <ul style="list-style-type: none"> • Convene subcommittees / task forces – determine how the work will be done • Present SIM to all Collaborative members and key stakeholders and review recommendations and goals. 	Needs Assessment	Within 90 days of execution of the final Grant Agreement
<p>Reviews needs assessments in Broward and identify gaps not identified and create the proposed strategy for project design and implementation.</p> <ul style="list-style-type: none"> • Conduct focus groups for feedback. 	Needs Assessment	Within 90 days of execution of the final Grant Agreement

<p>Build on evidence-based practices and experience. Capacity building and Workforce Development.</p> <ul style="list-style-type: none"> • Identify current EBPs/Promising practices, organizations that are implementing them. • Research EBPs and Promising Practices • Review the <ul style="list-style-type: none"> ○ Moral Reconciliation Therapy ○ Transition to Independence Process (TIP) ○ Motivational Interviewing ○ Trauma Informed Care ○ Wellness Recovery Action Plan (WRAP) • Capacity building and training on EBPs to prepare the System of Care • Identify, together with collaborative provider partners, the EBPs and which are implementing • Identify existing programs in Broward that already do prevention and re-entry • When have agreements, select and identify training with collaborative providers EBPs. • Review accreditation and licensing for staff – Florida Certification Board and other licensing bodies. 	<p>List of EBPs/Promising Practices used by Broward County service providers who work with the identified target population.</p> <p>List of provider accreditations available from Florida Certification Board and other entities.</p>	<p>Within 90 days of execution of the final Grant Agreement</p>
<p>Training and pilot with selected number of providers.</p> <ul style="list-style-type: none"> ○ Moral Reconciliation Therapy ○ Transition to Independence Process (TIP) ○ Motivational Interviewing ○ Trauma Informed Care ○ Wellness Recovery Action Plan (WRAP) 	<p># of providers trained and # of trainings held</p>	<p>Within 180 days of execution of the final Grant Agreement</p>
<p>Identify, coordinate, and share funding and related resources, and recommended organizational or structural changes</p> <ul style="list-style-type: none"> • Funders forum will come to the table and identify the funding – inventory of available sources. • Map out who the services currently provided regarding funding available to prevent crossover or duplication. 	<p>Plan with recommendations for funding and resource allocation.</p>	<p>Within 270 days of execution of the final Grant Agreement</p>
<p>Determine a process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness.</p> <ul style="list-style-type: none"> • Evaluator will be contracted to conduct a performance evaluation of the planning process and derive methodologies for collecting and sharing data among partners and reporting data to the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center. The Project Coordinator will assist. 	<p>Report with recommendations for funding and resource allocation.</p>	<p>Within 90 days of execution of the final Grant Agreement</p>

<p>Develop a strategy for coordination, communication, and data sharing.</p> <ul style="list-style-type: none"> • BBHC, as the Managing Entity will collect, compile and enter the data into the BBHC data and track clients funded through the grant plan – data collection mechanism. Review the data collection with Concordia Behavioral Health the BBHC data management system. • Develop the plan with the partner organizations who work with the clients that will be tracked through service provision. 	Data sharing plan.	Within 270 days of execution of the final Grant Agreement.
<p>Integrate the Collaborative activities with the requirements of the Florida Senate Bill 12</p> <ul style="list-style-type: none"> • Review requirements of Senate Bill 12 • Cross reference Senate Bill 12 with the Reinvestment strategies • Determine a plan for consistency. 	Senate Bill 12 review	Within 270 days of execution of the final Grant Agreement.
Completion of the Strategic Plan	Strategic Plan for Broward County for the target population.	Within 365 days of execution of the final Grant Agreement.

Performance Measures (See Table above)

The Collaborative will work on the development of a comprehensive strategic plan in consultation with the subcommittee / task force members, which will outline the mission, vision, goals and objectives, values, **performance measures**, and a conceptual model for addressing best practices re-entry options for youth and young adults. **A performance evaluation will be conducted to measure the effectiveness of the planning process.**

The Broward County Youth Re-Entry Collaborative will invest in working with strategic partners and who have demonstrated commitment to juvenile/criminal justice reform aligned with the core principles of the planning initiative. The strategic planning will focus on systemic leverage points for improvements, using the Sequential Intercept Model, to address such issues as ensuring appropriate mental health and substance use/abuse treatment for juvenile offenders is provided when needed and implementing age appropriate evidence based programs, all issues which are thought to be catalyzing issues and whose successful reform will radiate change throughout the system.

The planning process is capturing the strengths of diverse systems with different needs and challenges, looking at interception points, to determine the areas to be addressed for sustained improvements system-wide. **Success with the performance measures will be looked at by:**

- The progress made toward achieving the goals in each targeted area of improvement;
- The extent to which this progress moves the Collaborative closer to having a model system for the target population accepted for Broward County;
- A strategic plan for the County representing all of the perspectives of the key stakeholders to best meet the needs of the target population and have positive outcomes for the youth and families.

Additional performance measures for the target population in conjunction with the Broward County SAMHSA grant, OCP2:

- Build capacity in the juvenile justice and behavioral health provider system.
- Workforce development by reviewing the capacity of the system with qualified professionals and other service providers..
- Examine levels of care appropriate for target population (Juveniles who are high utilizers and known to the juvenile justice system).
- Review identification of youth and referral process at the systems level.
- Identify and develop resources for families and youth through the local chapters of the Federation of Families and Youth M.O.V.E. chapters.

Capability and Experience

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and was selected by the Florida Department of Children and Families as Broward County's managing entity for mental health and substance abuse services. The BBHC Board has contracted with Concordia Behavioral Health to provide support services related to BBHC's management of behavioral health services in Broward County. Its **vision** is stated as: *Ensuring a responsive and compassionate behavioral healthcare experience for people in our community* and **mission**: *To advocate and ensure an effective and efficient behavioral health system of care is available in Broward County.* The **values** of BBHC: *Consumer driven, cultural competence, compassionate service, efficient management, innovative system, fiscal integrity.*

BBHC provides a comprehensive System of Care (SOC) for substance use, mental health, and co-occurring disorders for individuals in Broward County. The County, DCF Southeast Region SAMH Program Office, the Children's Services Council, and BBHC work collaboratively with the providers in the community to secure the needed services for youth, young adults, individuals, and families. This collaboration has worked closely with numerous stakeholders and managed resources effectively to maximize available funding for services. In addition, as a result of past SAMHSA funding, Broward created a *Funders Forum*, which is comprised of community funders who meet on a regular basis to discuss common issues and opportunities for collaboration in addressing the needs of Broward children and their families.

The Broward County Board of County Commissioners, through its Human Services Department (HSD), Community Partnerships Division, Children's Services Administration Section (CSAS), is in collaboration with BBHC on other strategies. Staff from Broward County (HSD and CSAS), and BBHC have joint administrative and

management responsibilities for OCP2 (One Community Partnership 2), a Broward youth system of care initiative implemented through BBHC that helps young people and their families during their transition into adulthood. Broward County has continued its contract with BBHC to lead the implementation and expansion of OCP2 youth-driven services, supports, training, and technical assistance, continuous quality improvement and evaluation, family/youth empowerment and infrastructure development. BBHC infrastructure staff is directly responsible for administration of grant activities, provision of staff support to the governing body, and service subcontracts. The Children's Services Council of Broward is a key partner in this undertaking and provides **in-kind match funds** as well as participates in a range of project activities and committees. It is evident that BBHC and its partners have the capability and experience to meet the objectives detailed in this RFA.

Broward County is clearly committed to providing prevention and intervention programs for justice system involved youth. The community has established diversion programs within the Juvenile Drug Court and a Girls Court that is affiliated with PACE Center for Girls. Additionally, the community has a lengthy history of working together to address community opportunities for improvement and a strong collaboration exists among the Broward County Public School System, the Broward County Sheriff's Office and community partners. The community has long been committed to Crisis Intervention Team (CIT) training for first responders, a strong implementation of a civil citation system, and the use of multiple evidence-based practices within the Juvenile Assessment Center, Crisis Centers, and community providers and support programs. Data presented in this application, in addition to validating the identified gaps, needs and recommendations from Sequential Intercept Mapping (SIM) participants, reflects the demographic profile of youth with justice involvement across the spectrum of dispositions as well as profiles of youth receiving behavioral health treatment and support services from BBHC contracted community providers. The collaborative partners have high capability and experience, as well as commitment to work together.

Through its initiatives BBHC promotes peers as well as family member involvement and supports advocacy efforts. Through their role on the Collaborative, individuals and family members that represent the community will have a voice regarding the project.

Other notable accomplishments of BBHC:

- As the Managing Entity, BBHC has the foundation and experience with system of care, contracting, capacity building, and contracting with DCF.
- Resources and leveraging of the SAMHSA System of Care Grant.
- Leveraging of the Health Foundation of South Florida grants for Trauma Informed Care and Primary Care/Behavioral Health Care Integration
- Collaboration in leveraging the Broward Sheriff's Office with re-entry for adult funding (Dave Shaper of the Office is a partner in this new Collaborative)
- Service Providers in the BBHC network who bring resources and expertise that can be harnessed
- History of BBHC partnerships with key stakeholders in the community
- System of Care (SOC) Committee of the BBHC Board of Directors has a long history of work in systems projects

- Board of Directors currently has partners representing the entities that will collaborate in this grant.
- The Broward Human Services Department is in collaboration with the SAMHSA grant and other initiatives of BBHC.
- Other entities in the Collaborative already collaborate with BBHC in the community.

Proposed Staffing

The project will be managed by a dedicated Project Coordinator. The job description is in Attachment II of this document.

The Project Coordinator's responsibility is to be primarily responsible for development, implementation, and coordination of the project activities (clinical research component included), as well as to build and maintain strategic relationships, conduct outreach activities, and recruit and retain provider and other volunteers for the project. The Project Coordinator will be responsible for the development of the Strategic Plan and coordination of all activities of the Broward County Youth Re-Entry Collaborative. The position will be hired once the Award Agreement is signed. This will be a full time position assigned 100% level of effort to the project.

The Project Coordinator will report to the BBHC Director of Operations/System of Care and work closely with the CEO. The Project Coordinator will also staff the Collaborative and the related subcommittees/task forces. All aspects of accountability and reporting will be managed by the Project Coordinator.

An Evaluation Consultant will be hired to assist with the evaluation and performance measures of the Strategic Plan development. The Project Director will coordinate the activities of the Evaluation Consultant. The Evaluation Consultant and any other subcontractors will be selected according to the BBHC procurement policies, consistent with the State DCF policies.

Resources directly supporting the project include the BBHC in-kind support. Partnerships leverage intangible resources which support the work. The office will be located at the BBHC building in Broward. Additional activities and services not included in the match but that augment the efforts of the project are service providers' positions for certain intervention and treatment services.

Silvia Quintana, the BBHC CEO will be available to guide the work of the planning process and to support the Project Coordinator.

The Table of Organization, Attachment III, shows the lines of communication and authority in the BBHC organization, with the position of the Project Director.

Evaluation and Sustainability

As a model for this project and the strategic planning, a key element to BBHC's mission is embedding the OCP2 clinical quality evaluation within all structures of the

Managing Entity initially by way of the establishment of the new Behavioral Health Technology Transfer Unit, through Program Development/Quality Improvement Management. The team is working to meet current Local and State infrastructure expansion and sustainability needs by institutionalizing the implementation of SOC, EBPs, community learning collaboratives, and CQI initiatives to the entire Broward community. Ongoing assessment activities include fidelity evaluation of EBPs and a formalized peer review process to identify opportunities for quality improvement and to evaluate clinical outcomes and impact. The Unit oversees coordination and delivery of the learning communities, EBP training, coaching, implementation and sustainability strategies. Furthermore, BBHC provider subcontracts include an EBP training cost center which allows providers reimbursement for direct care staff time spent in EBP training activities. This eliminates financial barriers so that provider agencies may free up direct care staff time typically spent producing billable units of service for enhancing clinical expertise and competency of the workforce.

The goals of this project include a plan to establish baseline data for the project. Data will be gathered related to each of the goals and reported quarterly in a narrative report explaining the progress toward the benchmarks within the timelines. The Evaluation Consultant with the Project Director will provide consulting and evaluation services for the project that will include development of the Evaluation Plan. The Evaluation Plan will be frequently revisited as data reporting begins to link outcomes data with state and local level data sources. The second data component involves coordinating with BBHC and the Collaborative to work on development of a standardized reporting system to report process and outcome data, as well as to build capacity with the standardized system of care in a manner that provides the Collaborative with standard outcomes data across the System.

Local dollars and in-kind match contributions are required for several initiatives in Broward County which ensures collaboration among many providers and entities. There is a commitment among the key stakeholders already to leverage state, local, foundation, and other funding to maximize programming. This is the foundation of sustaining initiatives in the community.

Broward County is committed to advance the efforts to achieve a comprehensive system of care for the target population of youth and young adults (ages 12-21) with primary mental health and/or substance use – co-occurring disorders, trauma, and other complex challenges involved in the criminal justice system and are risk of further involvement. Maintaining a strong network and collaborative of community partnerships is essential for the sustainability of the comprehensive system of care and of optimizing the community's resources. The Collaborative members and other key stakeholder have committed to championing the work of this planning initiative for the Broward community.