

Tab 4

3.8.4 PROJECT NARRATIVE – TAB 4

Introduction and History: Orange County's Wraparound Orange Program (WAO) is focused on diverting youth with a mental health and/or substance abuse disorder from the juvenile justice system. The project began in September 2009 with funding from the federal Substance Abuse and Mental Health Services Administration. Dollars were allocated for the implementation of a "system of care approach" for children's mental health in our community. A system of care is defined as a spectrum of effective, community-based services and supports for children, youth and young adults with, or at risk for, mental health disorders and related challenges. Services and supports are organized into a coordinated network, build meaningful partnerships with families and youth, and address the cultural and linguistic needs of the families in order to help youth function better at home, in school, in the community, and throughout life.

<http://www.txsystemofcare.org/what-is-system-of-care/>

Although the system of care approach continues to evolve to reflect advances in research and service delivery, the core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services are widely accepted. The guiding principles which call for a broad array of effective services, individualized care, and coordination across child-serving systems are extensively used as the standards of care throughout the nation. Wraparound is the service component that aligns with system of care values. Wraparound is a research-based model for intensive care coordination and management that recognizes that the needs and strengths of families have a tremendous impact on the success or failure of the children within that family. The system of care approach has reshaped children's mental health services to the extent that at least some elements of the system of care philosophy and approach can be found in nearly all communities across the nation (Stroul, Blau, & Friedman, 2010). Both the system of care approach and wraparound service delivery have been adopted by child welfare, juvenile justice, education, substance abuse systems, early childhood programs, systems designed to serve youth and young adults in transition to adulthood, and many adult-serving systems.

WAO adopted the wraparound model initially for youth ages 0-12 with a mental health disorder who either entered the juvenile justice system or were at risk of entering the juvenile justice system. The purpose is to shift the care and treatment of these youth and their families from the juvenile justice system to the behavioral healthcare system. The program was expanded 2.5 years ago with CJMHSA funds to include youth ages 13 and 14. As a result, WAO serves as a Centralized Coordination Project for youth and is designed to make a youth's first contact with the juvenile justice system their last or to assist youth at risk of arrest from entering the juvenile justice system at all. In addition to wraparound services, the project implemented the Crisis Intervention Team – Youth (CIT-Y) training to impact the larger community. This eight hour training for law enforcement officers and community members provides education about youth mental health while encouraging the use of providing civil citations over arrests for children/youth with a mental health and/or substance abuse disorder. To date, over 200 officers in Orange County have been trained.

3.8.4.1 STATEMENT OF THE PROBLEM

Geographic Environment: Orange County, FL is the 4th largest county in Florida with an estimated population close to 1.3 million residents. The median household income in 2014 for the county was \$47,556. Based on 2015 US Census Bureau estimates, 68.7% of Orange County residents are White; 29.8% Hispanic; and, 22.3% Black. Approximately 291,116 of Orange County's residents are under the age of 18. (US Census Bureau, 2015).

Problem description: Despite reductions in arrest rates over the past five years, the total number of youth being arrested and continuing to spiral deeper into the juvenile justice system is still too high. In 2014-15, there were 7,035 delinquency cases in Orange County, a 22% reduction since 2010. Of those, 4,479 (64%) were referred to DJJ for Delinquency and of those, 36% were for Felony Offenses. While overall arrest rates for juveniles are declining in every major category, the total numbers for all arrests in Orange County for Felonies, Violent Offenses, and Weapons Offenses has been trending upwards with the most dramatic increase in weapons offenses (includes firearm possession and firearm involved). These contrasting trends – *Declining Juvenile Arrests vs. Increased numbers of Felony, Violent and Weapons Offenses* –

| Orange County JAC – Total Bookings | | | |
|------------------------------------|------|--|-------|
| | 2010 | | 2015 |
| Felony Offenses | 1513 | | 1575 |
| Violent Offenses | 990 | | 1096 |
| Weapons Offenses | 690 | | 1,053 |

suggest that while diversion efforts have been successful at reducing Misdemeanor Offenses among youth with minor emotional and behavioral health issues, those youth with more developed mental health, substance use and co-occurring disorders still need targeted interventions if their arrest rates, and the victimization associated with their offenses, are also to decline.

In August of 2013, four years after the inception of WAO, Orange County Mayor Teresa Jacobs developed a Youth Mental Health Commission to examine gaps and barriers in our community and provide recommendations for creating a children's mental health system of care and dramatically improve the environment for children, youth and families in our community. Mayor Jacobs hand selected many of the eighteen high level community members from multiple child/youth serving systems to work collectively and design this new system. The Commission completed their assessment and recommendations and provided this information to the Mayor and the Board of County Commissioners in April 2014. The primary message from the final report of the Youth Mental Health Commission is that Orange County has a system for children's mental health and has a wealth of resources that present as unique opportunities on which to build. Unfortunately, the current system is fragmented, disjointed and almost impossible to navigate for parents and families and a complete system redesign was recommended. The results of this ineffective system negatively impact arrest rates, school suspension and expulsions, psychiatric hospitalizations, suicide rates, and child welfare placements. These indicators demonstrate the types of services and supports needed in our county are lacking. The Commission recognized that the populations to

be served by the proposed Youth Mental Health System of Care include those individuals from birth through age 24. Of the many recommendations, a primary focus was “system navigation” for parents with a child with a disorder. Intensive care coordination via wraparound for those children/youth with intensive or complicated needs, most often those with co-occurring mental health and substance abuse disorders or those involved in more than one system (child welfare, special education and juvenile justice) was also recommended.

Juvenile Detention Center analysis: In Orange County for the period from July 1, 2015 to June 30, 2016, 2,009 youth ages 0-17 were detained. An additional 690 youth/young adults 18 and over were detained. Of the total population 82% were male and 63% fell into the category of “Black” which shows a dramatic overrepresentation of minority youth in Florida’s juvenile justice system. The two most common charges for the time period were Vehicle Theft – Grand Theft and Burglary. (Florida Department of Juvenile Justice (DJJ) IT Management Report; Secure Detention Youth Profiles Central Region Report).

Percentages of youth in juvenile detention with a mental health and/or substance abuse disorder: DJJ data indicates 20% of all youth arrested had a history of mental health problems during their intake assessment which is slightly higher than the Florida statewide rate of 16.8%. Those youth considered to be a high risk for reoffending showed an even higher rate of having a mental health disorder at 53%. For youth in residential commitment for the same period of time, 34% in the circuit had a history of mental health problems. The increase of youth with mental health disorders from the point of intake to the point of residential commitment from 20% to 34% indicates that youth with a mental health disorder enter commitment at a higher rate than youth without a mental health disorder. This same variable is seen with alcohol/substance use which show a change from 9% of youth reporting current use of alcohol at intake to 21.5% reporting current use at commitment and drug use which shows 27.2% of youth reported current drug use at intake which increased to 53.6% at commitment. (Note - Data is provided for each indicator individually therefore it is not possible to obtain the numbers of youth with co-occurring disorders at the local level).

National data indicates approximately 20% of youth ages 13-18 live with a mental health condition. Additionally, 50% of all lifetime mental health disorders present by the age of 14 and 75% by the age of 24. <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>. Approximately 50-70% of youth in state and local juvenile justice systems meet criteria for a mental health disorder and 60% meet criteria for a substance abuse disorder. Of those youth, an estimated 20% have serious mental health disorders including schizophrenia, major depression and bipolar disorder, (Rimer, 2004) and an estimated 30% with co-occurring mental health and substance abuse issues each of which have disorders so severe, their ability to function is impaired. <http://www.samhsa.gov/criminal-juvenile-justice>. Youth with mental health and substance abuse disorders under the stress of the juvenile justice system processing may be at higher risk for being a danger to themselves and to others (Vilhauer, Wasserman, McReynolds and Wahl, 2004).

A comparison between national data and local data on youth with a mental health and/or a substance abuse disorder shows that youth in detention both in Orange County and the state have a significantly lower incidence of mental health and substance abuse disorders than what is expected. It is possible and highly likely that the PACT may not have the sensitivity and specificity to accurately identify early or emerging cases of mental health and substance abuse issues. This could be related to the fact that the questions are structured in a way that would require the youth to have already been diagnosed with a disorder instead of assessing for current or recent symptomology.

Applying national data to the 2,009 youth detained from July 1, 2015 to June 30, 2016 we can extrapolate that a minimum of 1,004 youth (50%) likely experienced mental health symptomology and 401 (20%) youth are likely to have a severe mental health disorder that will impact their daily functioning in the future. Additionally, the rates for addiction would be a total of 602 youth (30%). Regardless of data inaccuracies, we can be assured that the number of youth in detention with a mental health and/or substance abuse disorder is high and requires appropriate intervention strategies to reduce the number of youth entering juvenile justice systems.

Screening and assessment process to identify the Target Population: The Florida Department of Juvenile Justice (DJJ) utilizes the Positive Achievement Change Tool Assessment (PACT) for every youth that enters the juvenile justice system regardless of entry point. The PACT is a comprehensive assessment process that helps outline the most effective way to work with youth by identifying protective factors, the overall risk to re-offend, as well as a youth's criminogenic needs. Addressing these needs has been shown through research to reduce the risk of re-offending. As a triage tool, the PACT provides a mechanism to determine what level of intervention (if any) fits the youth's risk to re-offend. If the PACT assessment indicates any possibility of a mental health and/or substance use disorder, a master's level clinician will complete the TASC (Treatment Alternatives for Safer Communities) assessment. The TASC assessment provides extensive recommendations for service needs such as counseling, mentoring, and/or linkage with mental health and substance abuse services. Based on the results of the TASC assessment, all youth with a mental health and or substance abuse disorder in the target age range are referred to WAO.

Contributing factors to population trends in juvenile detention: At the systems level, the service delivery structure for youth and families in Orange County has significant social service gaps. The existing system is comprised of a network of behavioral health providers that offer an array of services including: detox, crisis stabilization, mentoring, individual and group counseling, psycho-educational classes and psychiatric services. The majority of these services, including those provided to the population targeted by WAO, are funded and managed by the Florida Department of Children and Families (DCF) and Florida Medicaid. **Current public funding for Children's Mental Health services covers only about 41% of the need (DCF Dashboard, 2014-2015).** Additionally, there is a significant gap in programing and

interventions that target the needs of families. This is largely due to billing constraints that require programs to target an individual instead of an entire family unit. At the individual level, high rates of family and economic instability are common factors among youth at-risk of entering, or re-entering, the juvenile justice system. In Orange County an average of 18.2% of families are living below the poverty line, higher than the national average of 14.8% (US Census Bureau Quickfacts, 2010-2014).

The mere presence of mental health, substance use or co-occurring disorders places a youth at risk of entering, or re-entering, the juvenile justice system. Approximately one out of five adolescents has a diagnosable mental health disorder (Schwarz, 2009) and more than one in four shows at least mild symptoms of depression. (Child Trends, 2010). Warning signs aren't always obvious, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. (Mental Health America, 2013; and, American Academy of Child and Adolescent Psychiatry 2008) Mental health disorders can disrupt school performance, harm relationships, and lead to risky and anti-social behaviors thereby landing a youth in the juvenile justice system. Detention placements may even exacerbate mental health symptomology (bringing about acute trauma, depression and anxiety and the possibility of suicidal behavior). Additionally, detention can interrupt therapeutic services and medication for juveniles who were already receiving them. <http://www.ncsl.org/print/cj/mentalijneeds.pdf>. These factors put youth at risk of not only continued incarcerations but also continued deterioration of mental health symptomology.

Target Population: An analysis of the 7,035 youth booked into the JAC in FY 2014-15 provides an overview of those youth expected to be served by this program. Currently, more than three-fourths of all youth booked into the JAC are over the age of 15. With the proposed expansion and enhancement of WAO, the project will focus on youth under the age of 16, seeking to intervene and divert them before they penetrate deeper into the system. Program participants are expected to be primarily males, (average ratio 3:1 – male to female) and approximately 61.5% of all participants are anticipated to be Black and 32% White.

This proposal expands Wraparound Orange by expanding the target population to include youth who are age fifteen, as well as continuing to serve youth ages thirteen and fourteen. This project targets youth being booked at the Orange County Juvenile Assessment Center (JAC) and identified as having, or at risk of developing, a mental health and/or substance use disorder. WAO provides service by assigning a team of two to work with the youth and family. Each WAO Team will carry an active caseload of 10-14 youth. With an average length of stay of 12 – 16 months, each team will serve an average of 16 youth each year for a total of 48 youth per year and 144 youth served over the 3-year life of the grant. Because WAO is a “family-centered” service model, all children in a family are served by the Wraparound Team. With an average of 3 youth in each family, the proposed project will serve more than 430 youth over the 3-year life of the grant.

Tab 5

Planning Council: One of the most significant initiatives developed by Orange County is the Central Receiving Center (CRC). The CRC is a one-stop shop for adults with a mental health, substance use or co-occurring disorder. Since 2003, the CRC has provided a complete continuum of services including: screening, assessment, stabilization and referral services to more than 5,000 individuals each year. A collaborative effort that incorporates the services and expertise of the area's largest behavioral healthcare providers, the CRC is an example of what can be accomplished with progressive thinking and coordinated efforts.

WAO and the CRC share a common Governing Board which ensures integration of services across adult and adolescent continuums promoting efficiencies and reducing duplication of services. The Orange County Board of Commissioners designated the CRC Governing Board as the criminal or juvenile justice mental health and substance abuse council or committee to serve as the identified "planning council" for WAO and the current and proposed expansion of WAO through the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant in accordance with 394.657(2)(a), F.S. Membership on the Governing Board includes the required positions as outlined in s.394.657(2)(a), F.S., as well as, at-large members. Vacancies of required positions will be discussed for nomination at the next scheduled meeting of the CRC Governing Board scheduled for November, 2016. These include the appointment the Director of the Orange Juvenile Detention Center and representatives from State Probation and Orange County Probation / Pre-trial Diversion. The list of members are as follows:

**CRIMINAL JUSTICE, MENTAL HEALTH &
SUBSTANCE ABUSE REINVESTMENT GRANT
PLANNING COUNCIL**

The Honorable Jeff Ashton
STATE ATTORNEY OR DESIGNEE

The Honorable Robert Wesley
PUBLIC DEFENDER OR DESIGNEE

The Honorable Frederick Lauten
CIRCUIT COURT JUDGE

The Honorable Frederick Lauten
COUNTY COURT JUDGE

The Honorable Jerry Demings

SHERIFF OR DESIGNEE

Chief John Mina

POLICE CHIEF OR DESIGNEE

Vacant

STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE

The Honorable Tiffany Moore, Clerk of the Court

LOCAL COURT ADMINISTRATOR

Cornita Riley

CORRECTIONS DEPARTMENT ADMINISTRATOR

The Honorable Pete Clarke

BOARD OF COUNTY COMMISSIONERS CHAIR OR DESIGNEE

Vacant

COUNTY DIRECTOR OF PROBATION OR PRETRIAL INTERVENTION

Jerry Kassab, President, Aspire Health Partners

LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR

Jerry Kassab, President, Aspire Health Partners

COMMUNITY MENTAL HEALTH AGENCY DIRECTOR

Philip Scarpelli

DCF - SUBSTANCE ABUSE PROGRAM OFFICE REPRESENTATIVE

Tracy Lutz

PRIMARY CONSUMER OF MENTAL HEALTH SERVICES

Vacant

PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

Muriel Jones, ED, Federation of Families of Central Florida

FAMILY MEMBER OF A PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT

Vacant – HSN ED (Hiring in process/Martha Are)

AREA HOMELESS PROGRAM REPRESENTATIVE

Jill Wells

DJJ - DIRECTOR OF DETENTION FACILITY OR DESIGNEE

Jill Wells

DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE

Supporting the efforts of the Board is the **Youth Mental Health Commission Subcommittee (YMHCS)** which was established by the Board in December 2015 to continue the work of carrying forward the strategic planning efforts from the original Commission as well as providing the day to day oversight of the CJMHSA project under WAO. The YMHCS reports directly to the Board and members of the Board also serve on the YMHCS helping to ensure coordination between the two entities.

Youth Mental Health Commission Subcommittee of the CRC Governing Board (Planning Council)

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|--|--|
| <p><i>Richard Morrison Chair</i> Regional Vice – President Florida Hospital</p> | <p><i>Maria Bledsoe</i> Chief Executive Officer Central Florida Cares</p> |
| <p><i>Muriel Jones</i> Executive Director Central Florida Federation of Families</p> | <p><i>Michael Bryant</i> Executive Director Central Florida Federation of Families</p> |
| <p><i>Candace Crawford</i> Chief Executive Officer Mental Health of Central Florida</p> | <p><i>Vickie Cartwright</i> Director of Exceptional Education Services Orange County Public Schools</p> |

Additionally, there is a smaller workgroup under the YMHCS comprised of representation from all child-serving systems who are funders of children’s mental health and substance abuse services. This group meets on a monthly basis specifically to further setting up a Management Network as indicated in the YMHC Strategic Plan. Several members of the Board serve on the workgroup, on the YMHCS and on the Governing Board to ensure coordination between the groups.

Planning Council Activities: The CRC Governing Board (***Planning Council***) meets quarterly. In the past year the Governing Board met on the following dates: 6/19/15, 8/19/15, 12/2/15, 2/3/16, and 5/4/16. Scheduling conflicts resulted in the cancellation of the meeting on August 4, 2016 and the next meeting is scheduled for November 2, 2016. The Board primarily reviews activities within the continuum, assesses outcomes and needs and provides direction and assistance to the YMHCS for the various components within the system of care.

Specifically, over the past year the Board approved the final report of the Youth Mental Health Commission at the 6/19/15 meeting. A member of the Board then presented the

final report to the Board of County Commissioners on 8/25/2015. Throughout the year, the Board has assisted and provided feedback on a plan for increasing law enforcement presence in elementary schools and it the group established that school resource officers attend the CIT-Y training. The Board provided oversight to the beginning of children's mobile crisis services, which began in August 2015 as well as data and outcome measures related to WAO.

Strategic Plan Description: Supporting the efforts of the CRC Governing Board is the Youth Mental Health Commission, as described. The YMHC Strategic Plan was approved by the Governing Board in June 2015 and was approved by the Board of County Commissioners in August 2015, (See Attachment 1). The plan is reviewed and monitored by the YMHC subcommittee on an ongoing basis. A formal update by the YMHC to the Governing Board will occur after the establishment of the Management Network, expected to occur in March 2017. The Management Network will then bear responsibility for implementing the entire plan and establishing more specific criteria and performance benchmarks, etc. Some of the goals of the Strategic plan have been accomplished or are in the process of being accomplished and are noted on the plan. A summary of the most recent review of the Plan by the YMHC is as follows:

Youth Mental Health Commission Subcommittee Update – July 2016

Completed or In process Actions

Several of the Commission's recommendations have been implemented since the October 2015 final presentation to the Mayor and the Board of County Commissioners:

- Community Action Team (CAT) operated by Aspire Health Partners – (*Systems Committee Recommendation*)
- Mobile Crisis Unit (August 2015) – helped over 200 youth and families, diverted 89% from deep end services (*Systems Committee Recommendation*)
- Community Navigation Software (final RFP phase completed and awarded to the Spirit Project). Initial set-up is in planning phase – (*Systems Committee Recommendation*)
- CIT-Y Training (on going) – has trained approximately 200 law enforcement officers and 200 community members (*Needs Committee Recommendation*)
- Expansion of Wraparound Orange (WAO) – Youth WRAP (*Systems Committee Recommendation*)
 - Services to 21 year olds
 - Open Table – faith based partnership
 - Evidence Based Best Practices – WRAP (Wellness Recovery Action Plan), Wraparound, Open table
- Expansion of the use of Evidence Based Practices – models backed by research with proven outcomes: (*Systems Committee Recommendation*)
 - Stop Now and Plan (SNAP) – Orange County along with two other sites in the state adopted the curriculum and performed a pilot. The curriculum teaches boys, ages 6-11

how to manage their behaviors and provides parents with strategies for managing behavior and supporting the child's use of new techniques. The curriculum has continued with permanent funding via DJJ and the Florida Network. Orange County Youth and Family Services runs the SNAP program.

- Development of an informal Management Network Chaired by Orange County (in progress – the group is mapping financing across the community and developing a scope of service for a Management Network) (*Systems Committee Recommendation*)
- Belvin Perry Jr. Central Receiving Center Governing Board agrees to provide oversight to the Youth Mental Health Commission/Subcommittee to oversee and track implementation progress (completed) (*Systems Committee Recommendation*)
- Rich Morrison, member of the CRC Governing Board to chair the Legislative Subcommittee and Implementation Team Subcommittee to ensure that the final recommendations are implemented. (*group meets quarterly*) (*Systems Committee Recommendation*)
- Social Marketing Campaign – “This is My Story” – Salter Mitchell will continue these efforts with leadership provided by the Mayor's office. (*Public Awareness & Community Education Committee*)
- Anti-Stigma Campaign – Orange County Mayor's communication staff (Carrie Proudfit and Ann Marie Varga) are in process of planning an event in the Fall of 2016 to educate local media outlets on mental health (*Public Awareness & Community Education Committee*)
- Statewide Collaboration Summit – meeting Dec 22nd 2015 workgroups to include Medicaid Reform and Finance strategies (*completed, state level personnel are continuing to work on adding wraparound as a billable service to the Florida Medicaid plan. White paper on wraparound was completed and distributed across the state to Managed Care Companies*). (*Needs and Finance Committee Recommendation*)
- Reviewing and mapping statewide evidence based practices (*Mayors request, in process with the Management Network Committee*)
- Magellan Pilot - to provide referrals to Wraparound Orange as a pilot project for utilization of managed care companies as a resource. Magellan will partner with us to advocate the addition of a code for wraparound as a billable service under Medicaid. (*In process, four families have been referred*). (*Finance Committee Recommendation*)

Project Design and Implementation Plan: Orange County's Wraparound Orange Program (WAO), is a “System of Care” initiative focused on engaging community-wide collaboration between all child-serving systems to meet the multiple and changing needs of children/youth and their families. The system is organized into a coordinated network which builds meaningful partnerships with families and youth in a culturally and linguistically competent manner so the child/youth may function better at home, in school, in the community, and throughout life.

The Wraparound model is the service component which closely aligns with System of Care and was established by the National Wraparound Initiative at Portland State University in Oregon. There is a large research-base that supports the use of wraparound services as a front-end diversionary program for youth with mental health problems who come into contact with law enforcement (Carney & Buttell, 2003; Pullman et al., 2006). A meta-analytic review of seven studies found positive, significant effects of wraparound in four domains: living situation, youth behavior, youth functioning, and youth community adjustment (Suter & Bruns, 2009). Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute has included "Full Fidelity Wraparound" as a "research-based practice" in its inventory of child EBPs. Wraparound services are identified by OJJDP as an Early Intervention – Direct Service for reducing Disproportionate Minority Contact and are currently being reviewed for inclusion in the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) (Bruns & Suter, April, 2010). Wraparound services are considered a high-intensity level of service that should be reserved for youth with the most complex needs. A specialized collaborative approach that organizes all of the family support services, (counseling, sex offender treatment, etc.) under a Wraparound Model that is individualized and respects the culture, values and beliefs, while fostering effective communication, is paramount to effective service delivery. The unique Wraparound model is flexible enough to address the dynamic needs of families with youth who have serious behavioral/emotional/mental health disorders. Utilizing trauma-informed care, WAO can better understand why youth and families are where they are and specifically tailor a mental health approach for those who have experienced or been exposed to violence and trauma. The "wraparound" service delivery model is a family-driven and youth-guided approach that utilizes a team of professionals and natural supports to establish goals and outcomes and to provide on-going support for youth and families. Each Wraparound Team consists of a Wraparound Specialist and an in-home, peer support worker called a Family Partner. The Wraparound Specialist is a bachelor's or master's level clinician and is responsible for facilitating the entire "wraparound" process with the youth, family and Family Partner. The Specialist focuses on teaching the family how to continue the wraparound model even after formal services end. The Family Partner is a peer support worker; a person with a high-school degree that has been involved in the raising of a child with mental health and/or substance use disorder and has had experience in system-navigation which may include juvenile justice and the court system.

As an expansion, WAO will utilize a comprehensive, integrated, public health approach for the delivery of early intervention and treatment services for children/youth with a substance abuse disorder, or those at risk of developing a substance abuse disorder. <http://www.samhsa.gov/sbirt/about>. WAO will institute a formal substance abuse screening process with all youth enrolled in WAO utilizing the CRAFFT (Car, Relax, Alone, Forget, Friends and Trouble) tool for early identification and intervention. The tool is recommended for use by the American Academy of Pediatrics and available for use from Boston Children's Hospital as well as being supported by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). WAO will utilize the protocols for intervention based on the scores indicated on the CRAFFT.

WAO staff will use “*brief advice*” which is a 5-10 minute conversation with the youth about stopping or decreasing substance use while recognizing the signs of more significant problems. Referrals to outside providers will be made if the youth requires “*brief intervention*” which includes one to five sessions with a clinician that utilizes Motivational Interviewing, an evidence based practice. The goal is to help the youth recognize problems and to change their behavior by helping them understand how their substance use puts them at risk and to reduce or give up their substance use. Brief interventions are not intended to treat people with serious substance dependence, but rather to treat problematic or risky substance use. Individuals with more serious substance abuse issues will be referred to a specialized program such as detox, residential, etc. It should be noted that all WAO staff are trained in the use of Motivational Interviewing.

[http://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent screening, brief intervention and referral to treatment for alcohol.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent%20screening_brief%20intervention_and_referral_to_treatment_for_alcohol.pdf)

Project Goals, Strategies, Milestones and Key Activities

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| Goal #1: Expand the Centralized Coordination Project as described to include youth through the age of fifteen. | | | | |
| Objective #1 | Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve accessibility and effectiveness of treatment services for the Target Population. | | | |
| | Tasks | Describe how performance of each task will be measured. | Lead Agency | Completion date |
| 1.1 | Establish legally binding agreements/ contracts with three organizations to provide <ul style="list-style-type: none"> • Wraparound service delivery and, SBIRT practice with use of CRAFFT, • CIT-Y training for law enforcement and community members • Evaluation activities for the performance of this contract. | Contract signed and dated by Orange County and the vendors. | Orange County | Within 3 months of contract execution |
| 1.2 | Provide by agreement an information system to track individuals during their involvement with the Program for at least one year after discharge, | Contract signed and dated by Orange County and the vendor. | Orange County | Within 3 months of contract execution |

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| | including but not limited to, arrests, receipt of benefits, employment and stable housing. | | | |
| 1.3 | Provide wraparound services to 48 youth and their families per year. | Quarterly CJMHSA Report/ Information from WAO database | Orange County and Contracted Vendor | Begins first day of contract |
| 1.4 | Provide CIT-Y training to Law Enforcement Officers, School Resource Officers and community members to respond to youth with a mental health or substance abuse utilizing methods which decrease arrests. Training components include use of civil citation and referrals to mobile crisis services and wraparound services, etc. | Quarterly CJMHSA Report/ Training sign in sheets | Orange County and Contracted Vendor | Bi-monthly training |

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| Goal #2: Establish System of Care core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services as the foundation of all services provided by child-serving systems in the County. | | | | |
| Objective #1 | Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the project. | | | |
| | Task | Describe how performance of each task will be measured. | Lead Agency | Completion date |
| 1.1 | Participate in planning council/meetings regularly | Meeting sign in sheets and minutes | Orange County | Ongoing |
| 1.2 | Assess progress of the project based on established timelines and attainment of goals | Quarterly CJMHSA Report/ Information from WAO database | Orange County | |
| 1.3 | Make necessary adjustments to implementation activities based on a Continuous Quality Improvement plan, as needed. | Quarterly CJMHSA Report/ Information from WAO database | Orange County | |
| 1.4 | Demonstrate that there is an active / updated | Meeting sign in sheets and minutes | Orange County and Planning | |

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| | Strategic Plan for children's mental health in the community and that the Planning Council meets on a regular basis to implement elements of the plan. | | Council | |
| 1.5 | Ensure that all child serving systems (juvenile justice, community mental health and substance abuse, special education and child welfare) are represented on the Planning Council | Meeting sign in sheets and minutes | Orange County and Planning Council | |

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| Goal #3: Increase youth/family functioning across multiple life domains (stability in living situation, housing and employment, access to necessary benefits, school, social functioning, etc.) based on the individual needs of the youth/family which will reduce the factors which contribute to youth arrests. | | | | |
| Objective #3 | Measure positive change in youth and families served by WAO. | | | |
| | Task | Describe how performance of each task will be measured. | Lead Agency | Completion date |
| 1.1 | Measure youth and family functioning using the CANS-C at enrollment, every 90 days and at discharge. | Quarterly CJMHSA Report/ Information from WAO database | Orange County and contracted vendor for wraparound staff | Ongoing |
| 1.2 | Utilize family care planning under the wraparound model with each youth/family enrolled in WAO. Includes referrals to necessary services and supports. | Quarterly CJMHSA Report/ Information from WAO database | Orange County and contracted vendor for wraparound staff | Ongoing |
| 1.3 | Complete the CRAFFT substance abuse screening tool with all youth enrolled in WAO and follow protocols for intervention based on scores. | Quarterly CJMHSA Report/ Information from WAO database | Orange County and contracted vendor for wraparound staff | Ongoing |

Organization and Key Stakeholders: The CRC Governing Board (*Planning Council*) and YMHCs incorporate all of the major funders in the County (child welfare, juvenile

justice, special education, community mental health, behavioral health managed care organizations) in order to ensure effective integration of the project's services into the communities larger continuum of care based on the YMHC Strategic Plan. WAO contracts with multiple vendors to provide services specified in this proposal. Orange County through WAO retains the role of administrative and fiscal agent for the project and is responsible for project oversight and coordination. The providers of mental health, substance use and co-occurring disorder assessment and treatment services, evaluation services and law enforcement officer (CIT-Y) training will be provided by vendors chosen via the County's procurement process. Clinical oversight and supervision/coaching for wraparound services remains with WAO.

Coordination and Communication: As outlined in Section 3.8.5.1.2 WAO and the YMHCS share a common Governing Board (Planning Council) which ensures integration of services, promotes efficiencies and reduces duplication of systems. The YMHCS reports directly to the Governing Board and members of the Governing Board also serve on the YMHCS helping to ensure coordination between the two. The CRC Governing Board meets quarterly to review activities within the continuum, including WAO. The Governing Board will assess WAO's outcomes and needs and provide direction and assistance in order to ensure successful implementation of the project. The YMHCS meets quarterly. A workgroup under the YMHCS meets monthly and is chaired by Donna Wyche, M.S., C.A.P., Manager, Mental Health and Homeless Issues for Orange County and Project Director for the proposed CJMHS Reinvestment Grant. Issues related to implementation and performance is discussed openly among members of the workgroup. Whenever possible, a consensus decision and "action plan" is developed when necessary. On a quarterly basis, the YMHCS reports to the Governing Board. As the "Family Member of a Consumer" and member of the Board, YMHCS and workgroup, Muriel Jones from the Federation of Families of Central Florida, provides feedback in all areas. This oversight structure helps to ensure a high-fidelity, wraparound model that is family-driven, youth-guided and culturally and linguistically competent.

Screening and Assessment of the Target Population: Youth served by WAO undergo comprehensive screening, and evidence-based, communimetric testing. The program uses the Child and Adolescent Needs and Strengths - Comprehensive tool (CANS - C). The CANS originated from Dr. John Lyons and his work in modeling decision-making for psychiatric services. Dr. Lyons developed the Childhood Severity of Psychiatric Illness (CSPI) to assess those dimensions crucial to good clinical decision-making for mental health service interventions. The CSPI formed the basis for the development of the CANS. The CANS has been used to distinguish needs of children in rural and urban settings (Anderson & Estle, 2001), to predict service use and costs, and to evaluate outcomes of services (Lyons, 2009). The CANS-C screens for mental health, substance use and co-occurring disorders and helps to standardize outcomes for work with the youth and family. Those who meet criteria for intervention will be assigned to a Wraparound Specialist and Family Partner, with the goal of establishing the necessary community and natural supports needed to avoid deeper penetration into the juvenile justice system. The results of the CANS-C assessment

are used to identify the strengths and the prioritization of needs of the youth and his/her family. Re-assessment of the CANS-C occurs at-least every 90 days to determine the success of the intervention and allow for real-time assessment of the strengths and needs of the youth and family.

Coordinating Care: For the past seven years, Orange County has contracted with six of the largest providers of children's mental health and/or substance abuse services as part of WAO. The variety of collaborative partners who will continue to participate in the proposed expansion and enhancement of the WAO Program ensures youth and families have access to a broad continuum of community services to meet every mental health and/or substance abuse need. The 3-Wraparound Teams specifically dedicated to this project and employed by one of our vendors will be responsible for day to day oversight of activities. Orange County, via Wraparound Orange County staff (Project Director, Youth Coordinator, Clinical Director, Social Marketing Manager and Family Support Coordinator) will provide training and clinical supervision to the Wraparound Specialists and Family Partners.

In order to meet the ancillary needs of program participants and their families, the proposed expansion and enhancement of WAO will be coordinated with local hospitals, other mental health providers, and those who provide ancillary services through the region's service networks: Central Florida Cares Health Network (the DCF contracted Managing Entity for substance abuse and mental health services); Community Based Care of Central Florida (the DCF contracted entity for child welfare services); and, the Homeless Services Network of Central Florida, the lead agency for federal and state funded housing and supportive services for the homeless. Representation from each of these systems is included on the CRC Governing Board.

Law Enforcement Initiatives: Through the implementation of a Crisis Intervention Training – Youth (CIT-Y) curriculum from the National Alliance on Mental Illness (NAMI), WAO will increase law enforcement officers' knowledge and skills for working with youth in crisis thereby improving their interactions and helping to prevent or de-escalate mental health crises when they occur. The curriculum is based on NAMI's CIT for Youth manual and includes classroom instruction. The adult CIT model has been in use in Orange County for the past 15 years and 1,729 officers have been trained in its use. These officers are on the force at the Orange County Sheriff's Department, the Orlando Police Department and at numerous smaller departments including Apopka, Maitland, Ocoee, Winter Garden and Winter Park. WAO will use this cadre of CIT- trained officers as the base for additional CIT-Y training which will be provided by trained facilitators from NAMI-Greater Orlando (NAMIGO). The program's goal will be to train 25%, (210) of all CIT officers in the CIT-Y model during the course of the 3-year grant. To date approximately 300 officers have received CIT-Y training. At the same time WAO will continue to participate in the DJJ/Law Enforcement quarterly civil citation meetings, a dynamic collaboration between law enforcement, DJJ, families and youth, schools, community mental health centers and child-serving agencies ensures that youth in a mental health crisis are identified and referred to appropriate mental health services and supports rather than thrust into the courts and juvenile justice system. WAO will continue to utilize the CIT-Y training component to train LEO's how to use the Civil

Citation program. Law Enforcement and DJJ monitor progress via the increase in numbers of civil citation over arrests.

Model of service: As described in section 3.8.5.3.3 this proposal expands Wraparound Orange by expanding the target population which is currently 0-14 to included 15 year olds for wraparound service delivery. Additionally, WAO is adding use of the SBIRT public health practice and CRAFFT tool for screening and referral for substance abuse issues. This project will continue to target youth primarily being booked at the Orange County Juvenile Assessment Center (JAC) or being served by civil citation AND identified as having, a mental health, substance use or co-occurring disorder. Each WAO Team will carry an active caseload of 10-14 youth. With an average length of stay of 12 – 16 months, each team will serve an average of 16 youth each year for a total of 48 youth per year and 144 youth served over the 3-year life of the grant. Because WAO is a “family-centered” service model, all children in a family are served by the Wraparound Team. With an average of 3 youth in each family, the proposed project will serve more than 430 youth over the 3-year life of the grant.

Monitoring of Performance Measures: The grant will be monitored via a contractual vendor for evaluation services/activities. Orange County currently contracts with the Health Council of East Central Florida (HCECF) and Visionary Vanguard, Inc. as the primary research partners and evaluators for the WAO project. The contracted vendor for the expansion will be responsible for the collection and analysis of all data collected as part of the proposed expansion and enhancement of the program and will lead a program evaluation team that will include: the Project Director for WAO – Anne Marie Sheffield; and the contracted vendor for wraparound services. This team will be involved in all phases of the research and evaluation component of the program (i.e., planning, development of evaluation plan, and quarterly review of the data).

Data Collection and Analysis: WAO enrolls youth in the federally required local demographic studies, satisfaction studies and longitudinal studies and will continue to do so in the proposed expansion. Additionally the Evaluation vendor will conduct a series of data collection projects designed to identify and establish a baseline for evaluation of the proposed services being delivered to program participants. The projects include: Officially-recorded juvenile arrest data; Measurement and monitoring of long-term outcomes from a longitudinal study; Measurement and monitoring of fidelity to the model utilizing the Wraparound Fidelity Index Easy; CANS assessment scores and CRAFFT screening scores from youth served by the program; and Administration of pre- and post-test of law enforcement officers participating in CIT-Y training.

The Project proposes the following targets for the required measures:

Core Performance Measures & Target Numbers for Service Units –

| Wraparound Orange Performance Measures | |
|--|-------------------------------|
| 1. Percentage reduction of arrests or re-arrests among program participants while enrolled in the program. | 50% |
| 2. Percentage reduction of arrests or re-arrests among program participants within one year following Program discharge. | 85% |
| 3. Percentage of Program participants not residing in stable housing environment at Program admission who reside in stable housing environment within 90 days of Program admission. | 50% |
| 4. Percentage of Program participants who reside in stable housing environment one year following Program discharge. | 90% |
| 5. Percent of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission | N/A – youth population |
| 6. Percent of Program participants not employed at Program admission who are employed full or part time one year following Program discharge. | N/A – youth population |
| 7. Percentage of program participants the grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission. | 90% |
| 8. Percent of program participants diverted from a State Mental Health Treatment Facility. | N/A – youth population |
| Additional Wraparound Orange Deliverables | |
| 1. Target number of individuals to be served by the Program. | 48 per year (144 over 3-yrs) |
| 2. Total number of LEO's not currently trained in CIT-Y who will be trained in the CIT – Youth model. | 70 per year (210 over -3 yrs) |
| 3. Increase the percentage of eligible youth being diverted into the DJJ Civil Citation Program. | 2%/year (6% over 3 yearsr) |

Capability and Experience:

Orange County through the Mental Health and Homeless Division and the Youth and Family Services Division has a proven track record of providing high-quality behavioral health services to children and families. Many of these services have been operating for decades with the newest WAO which has been in operation for the past six years.

| Orange County's Children's Mental Health Programs | |
|--|--|
| <ul style="list-style-type: none"> • Great Oaks Village (GOV) – a residential group home for children ages 6 to 18+ who have been removed from their homes due to abuse, neglect or abandonment. Children are placed at GOV by the DCF and CBC of Central Florida. | |
| <ul style="list-style-type: none"> • The Orange County Youth Shelter – an 18-bed shelter for youth who may be homeless, runaways, lockouts or may be seeking a cooling off period during a family crisis. The Youth Shelter is part of the CINS/FINS (Children in Need of Services/Families in Need of Services) network under the Florida Department of Juvenile Justice (DJJ). | |
| <ul style="list-style-type: none"> • The Family Counseling Program – non-residential counseling services for families struggling with adolescents, especially those who are truant, runaway and ungovernable. The program is part of the CINS/FINS network of services. | |
| <ul style="list-style-type: none"> • The Oaks Community Intervention Program – provides intensive counseling and probation services to youth ages 10 – 18 that have current or pending probation supervision services with DJJ and that score moderate to high risk for continued involvement with DJJ based on the PACT assessment tool. | |
| <ul style="list-style-type: none"> • Wraparound Orange – provides intensive care coordination and management to youth ages 0-14 utilizing a high-fidelity wraparound model. | |

Orange County's internal programs are credentialed under the Joint Commission on Accreditation for Healthcare Organizations. Contractual staff are credentialed through their own agencies. Internal and external staff are certified and trained to meet the needs of delinquent youth and have the expertise and training to provide services that

are trauma informed, individualized, coordinated, family-driven, youth-guided, culturally and linguistically competent and outcome-based.

Orange County will also rely on the experience and capabilities of NAMI and the ongoing support of DJJ and the Orange County Sheriff's Office (OCSO) (volunteer trainers for CIT-Y) to implement the CIT-Y training portion of the project and increase utilization of civil citations. Founded in 1985, NAMI provides a series of nationally recognized educational programs to individuals living with mental illness, family and friends, caregivers, and professionals including law enforcement. As part of the CIT-Y training, OCSO shares their knowledge, expertise and guidance in developing and implementing Civil Citation programs with other law enforcement agencies in Orange County.

Availability of Resources: Orange County and its partners will utilize existing resources including the Orange County Juvenile Assessment Center (JAC), where program participants are initially screened and assessed. Those youth needing inpatient detoxification will be treated at the Juvenile-Addiction Receiving Facility (J-ARF) which is co-located at the JAC. Services and interventions provided by the Wraparound Teams will be delivered in the community, in-homes or at schools. Office space for Team members will be provided Orange County WAO.

Role of advocates and family members: WAO is a Family Driven – Youth Guided approach to providing early, effective interventions for youth at-risk of involvement in the Juvenile Justice system and the approach is defined below:

| Wraparound Orange's Family Driven – Youth Guided Approach |
|--|
| <p><i>Family Driven Care</i> – Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community. This includes choosing culturally and linguistically competent supports, services and providers, setting goals, monitoring outcomes and partnering in every area, including funding decisions. WAO families are encouraged to: participate as active decision-makers on the YMHCS; co-facilitate community trainings for school personnel, community providers and other parent groups; and, become the next generation of Family Partners after they complete their own recovery. Training, support and encouragement for family members is provided through the Federation of Families of Central Florida, a network of over 100 youth and families. Families meet twice per month to build friendships, learn about resources and enjoy a family-style dinner. Childcare and transportation to events is provided as needed.</p> |
| <p><i>Youth Guided Care</i> – Youth have the right to be educated and empowered to influence the services they receive and the policies and procedures governing their care. Giving them a sustainable voice with a focus on creating a safe environment enables them to gain self-sustainability in accordance with their culture and beliefs. A Youth Guided approach recognizes the power and choice that young people should have based on their understanding and maturity in the strength-based change process. Youth-guided also means that this process should be fun and worthwhile. WAO enrolled youth will be encouraged to participate in Young Educated Speakers (YES), a local chapter Youth Move. YES youth engage and educate other youth on topics such as bullying and depression and participate in training and outreach to community members to inform and educate on the best way for adults to engage youth.</p> |

Project Staffing: WAO is a collaborative approach designed to provide a well-organized project able to meet its deliverables and provide quality, cost-effective, treatment and supportive services to the target population. Orange County Government's Department of Health Services will be the administrative and fiscal agent for the project. Donna Wyche, M.S., C.A.P., Manager, Mental Health and Homeless

Issues will serve as the Project Director. Ms. Wyche brings over 25 years of experience in the field of behavioral health and human services. She was instrumental in the development of the County's CRC and WAO and as part of her duties provides oversight and coordination of both projects. Ms. Wyche has the knowledge and experience necessary to serve in the same capacity for the project described within this proposal. Ms. Wyche will be supported by the Project Director for WAO, Ms. Anne Marie Sheffield, LCSW, who manages the 14 existing Wraparound Teams. Ms. Sheffield has over 20 years of experience in both clinical work and administrative work and is has been responsible for the WAO initiative since inception. She provides training and support to wraparound contractual staff, provides CIT-Y training with NAMI, leads various aspects of the strategic plan and manages Orange County staff dedicated to WAO as well as vendor contracts for social marketing, evaluation, and cultural and linguistic competency.

The mental health, substance use and co-occurring disorder services for youth that are part of the proposed project, will be provided by the County's vendor who will be chosen via the County's procurement process. The County will ensure this collaborative will be responsible for training and general supervision of the Wraparound Teams and the services they provide. As Project Director, Ms. Wyche will be responsible for general oversight and coordination. As Senior Program Manager and Project Director for WAO, Ms. Sheffield will be responsible for daily operations with the vendor including coordination of the project's evaluation. The proposed project will continue 3 Wraparound Teams in the WAO Program. Each team will be comprised of 1 FTE Bachelors/Masters level Wraparound Specialist and 1 FTE Family Partner, (for a total of 6 FTE's). Each team will carry an active caseload of 10-14 youth. The teams will be the primary contact/service provider for each client providing ongoing assessment and intervention, as well as referrals and linkages to continuing care treatment, housing placement assistance and entitlement enrollment. The Wraparound Teams will be supervised by a Program Manager (1 FTE) who will be responsible for the overall management of the proposed expansion and enhancement.

Measurement of Effectiveness: The contracted Evaluation vendor will be the primary research partner and evaluator for the WAO project and responsible for the collection and analysis of all data collected as part of the proposed expansion and enhancement of the program. The vendor will lead a program evaluation team that will include: Orange County Project Director for WAO – Anne Marie Sheffield; and the wraparound vendor's Program Manager for the proposed expansion and enhancement of WAO. This team will be involved in all phases of the research and evaluation component of the program (i.e., planning, development of evaluation plan, and quarterly review of the data). The Evaluation vendor will conduct a series of data collection projects designed to identify and establish a baseline for evaluation of the proposed services being delivered to program participants. The projects include: Officially-recorded juvenile arrest data; Measurement and monitoring of long-term outcomes from a longitudinal study; Measurement and monitoring of fidelity to the model utilizing the Wraparound Fidelity Index; CANS assessment scores and CRAFFT screening tool scores from youth served by the program; and Administration of pre- and post-test of law enforcement officers participating in CIT-Y training.

Financial results: Communities are safest when low-risk youth are diverted from the juvenile justice system and re-arrest rates are much lower for youth supervised on probation or civil citation than those committed to deep-end services. A recent study found that low-risk youth are much more likely to re-offend if they are committed to residential programs or placed in intensive interventions designed for high-risk youth.

Civil citation programs for minor offenses both save money and generate revenue. The avoidance of court costs creates significant savings, and civil fines attached to citations will create an income stream for local and state governments. Comparing the \$5000 cost of processing a juvenile through the justice system to the \$386 per juvenile for civil citations results in a significant monetary savings. In Leon County, Florida when law enforcement issued over 400 civil citations the county saved \$1.9 million in fiscal year 2008-2009. Not only does the program save money, but in Miami-Dade County, 95% of participants who completed the program did not reoffend within six months.

WAO through the expansion seeks to improve public safety by identifying and diverting at-risk youth into community-based interventions and providing supportive services to their family. As a result, costs to the County and State will be reduced. A representative sample of youth served by WAO and enrolled in a longitudinal study looked at data from intake to 12 months. The study found a decrease in arrest rates from 67% to 11%. Assuming similar results among the youth served by the WAO expansion, as many as 81 fewer youth will be arrested. Based on a daily rate of \$326.13 for youth in the Orange County detention center and an average length of stay of 8 days, the proposed project could result in savings of over \$200,000 per year. Additionally, using CIT-Y training to train LEO's on the process and advantages of Civil Citations will help the project reach its goal of producing an overall 6% increase in the number of eligible diverted through the use of civil citations. Combined reductions in youth being arrested involved in wraparound and youth being diverted to civil citation before arrest could result in 525 additional youth being diverted in this manner. Based on the average cost to process a youth through the DJJ system (\$5,000) versus the estimated cost of a Civil Citation (\$386), (AMA & DJJ), this goal could result in combined cost savings for the County and the State of approximately \$2.5 million, not including the cost avoidance of detention costs. The methodology for measuring the defined outcomes for youth diverted from arrest to civil citation will be captured via review of the DJJ Civil Citation website with increases of use of civil citation reported on a quarterly basis. Orange County and the Planning Council will work diligently to capture the data around cost avoidance of youth entering juvenile justice and the resulting savings in detention center costs and the return on investment and will utilize the data to inform the YMHCS and other appropriate groups.

Since the Target Population is youth ages 13-15 there will not be any impact on the number of individuals committed to a state mental health treatment facility.

Sustainability: Since service delivery began in January 2011, over 800 families have been served by WAO. As a family focused intervention over 2,400 children have been impacted. Local dollars and in-kind match contributions are required to fulfill the

commitments of the federal grant (SAMHSA) that funded the original development and implementation of the project thereby ensuring collaboration amongst many providers. Throughout the community, Orange County and its various partners seek to leverage all state, local and philanthropic funding to maximize state programs and services with its standards of excellence. This has the effect of providing more resources than would be possible with State funding alone, and allows state agencies to maximize their local investments through dollars leveraged by the County. It has also resulted in some excellent examples of successful local government partnerships with various entities. Additionally, Orange County has committed a budget of \$1 million per year to continue WAO services indefinitely. In partnership with Florida Hospital Orange County has also dedicated an additional \$400,000 per year (matching Florida Hospitals contribution) to support mobile crisis services which began in August 2015 and to date has served over 250 youth and their families. The YMHC Strategic Plan is geared to ongoing sustainability for a new system of care. Lastly, funding for a Management Network for the plan has been allocated and is expected to be released in March 2017.

IV.F. Project Timeline

| Wraparound Orange Expansion and Enhancement Project Timeline (Estimated Start Date – April 1 st , 2017) | |
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| First 90 Days | |
| Task | Responsible Party |
| <ul style="list-style-type: none"> Announce grant award to public and appropriate stakeholders | Orange County WAO |
| <ul style="list-style-type: none"> Choose vendors for wraparound, CIT-Y and evaluation via the County procurement process. | Orange County WAO |
| <ul style="list-style-type: none"> Hire and train staff on protocols, documentation, evaluation and service design | WAO and contracted vendors. |
| <ul style="list-style-type: none"> Initiate pre-service training on the program model program services and cultural competency for program staff, and collaborative partners. | WAO and contracted vendors. |
| <ul style="list-style-type: none"> Advertise to referral sources expanded population to include 15 year olds. | Orange County WAO |
| <ul style="list-style-type: none"> Initiate Wraparound services with new population and CRAFFT tool, initiate Evaluation Plan and initiate bi-monthly CIT-Y trainings. | Orange County WAO |
| 91 - 180 Days | |
| Task | Responsible Party |
| <ul style="list-style-type: none"> Commence infrastructure activities, public awareness, and outreach efforts and social media marketing | WAO and contracted vendors. |
| <ul style="list-style-type: none"> Prepare quarterly report | WAO and contracted vendors. |
| <ul style="list-style-type: none"> Complete activities associated with partner roles and contributions and linkage with the Planning Council | WAO and contracted vendors. |

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| and YMHCS.. | |
| • Ensure linkages for ancillary services. | WAO and contracted vendors. |
| • Provide comprehensive continuum of services to target population | WAO and contracted vendors. |
| • Gather baseline data | WAO and contracted vendors. |
| • Implement random reliability checks to insure accurate implementation | WAO and contracted vendors. |

| Wraparound Orange Expansion and Enhancement Project Timeline (continued) | |
|---|-----------------------------|
| 181 - 270 Days | |
| Task | Responsible Party |
| • Review progress to date | WAO and contracted vendors. |
| • Make modifications if necessary in service design. | WAO and contracted vendors. |
| • Continue public awareness and outreach efforts. | WAO and contracted vendors. |
| • Expand partners, providers network | WAO and contracted vendors. |
| • Prepare quarterly report | WAO and contracted vendors. |
| • Provide comprehensive continuum of services to target population | WAO and contracted vendors. |
| • Gather baseline data | WAO and contracted vendors. |
| • Ensure linkages for ancillary services. | WAO and contracted vendors. |
| • Begin implementation of outcome evaluation. | WAO and contracted vendors. |
| • Implement random reliability checks to insure accurate implementation. | WAO and contracted vendors. |
| 271 - 365 Days | |
| Task | Responsible Party |
| • Review progress to date | WAO and contracted vendors. |
| • Make modifications if necessary in service design. | WAO and contracted vendors. |
| • Continue public awareness and outreach efforts. | WAO and contracted vendors. |
| • Expand partners, providers network | WAO and contracted vendors. |
| • Continue and enhance program services | WAO and contracted vendors. |

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| <ul style="list-style-type: none"> • Analyze data and outcomes | WAO and contracted vendors. |
| <ul style="list-style-type: none"> • Seek additional resources | WAO and contracted vendors. |
| <ul style="list-style-type: none"> • Ensure linkages to ancillary services. | WAO and contracted vendors. |
| <ul style="list-style-type: none"> • Provide In-Service trainings on the program model and program services. | WAO and contracted vendors. |
| <ul style="list-style-type: none"> • Prepare End-of-Year report | WAO and contracted vendors. |